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INDEPENDENT AUDITOR'S REPORT ON
COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR
PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN
ACCORDANCE WITH THE STATE OF ALASKA AUDIT GUIDE
AND COMPLIANCE SUPPLEMENT FOR STATE SINGLE AUDITS

To the Board of Directors
Family Centered Services of Alaska, Inc.
Fairbanks, Alaska

Compliance

We have audited the compliance of Family Centered Services of Alaska, Inc., with the types of compliance requirements described in the *State of Alaska Audit Guide and Compliance Supplement for State Single Audits* that are applicable to its major state programs for the year ended June 30, 2008. Family Centered Services of Alaska, Inc.'s major state programs are identified in the accompanying Schedule of Expenditures of State Awards. Compliance with the requirements of laws, regulations, contracts, and grants applicable to its major state programs is the responsibility of Family Centered Services of Alaska, Inc.'s management. Our responsibility is to express an opinion on Family Centered Services of Alaska, Inc.'s compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the *State of Alaska Audit Guide and Compliance Supplement for State Single Audits*. Those standards and the *State of Alaska Audit Guide and Compliance Supplement for State Single Audits* require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above, that could have a direct and material effect on a major state program, occurred. An audit includes examining, on a test basis, evidence about Family Centered Services of Alaska, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of Family Centered Services of Alaska, Inc.'s compliance with those requirements.

In our opinion, Family Centered Services of Alaska, Inc. complied, in all material respects, with the requirements referred to above that are applicable to its major state programs for the year ended June 30, 2008.

Internal Control Over Compliance

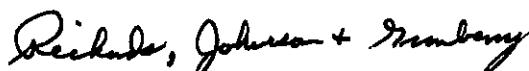
The management of Family Centered Services of Alaska, Inc., is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to state programs. In planning and performing our audit, we considered Family Centered Services of Alaska, Inc.'s internal control over compliance with requirements that could have a direct and material effect on a major state program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A *control deficiency* in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a state program on a timely basis. A *significant deficiency* is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to administer a state program such that there is more than a remote likelihood that noncompliance with a type of compliance requirement of a state program that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that material noncompliance with a type of compliance requirement of a state program will not be prevented or detected by the entity's internal control.

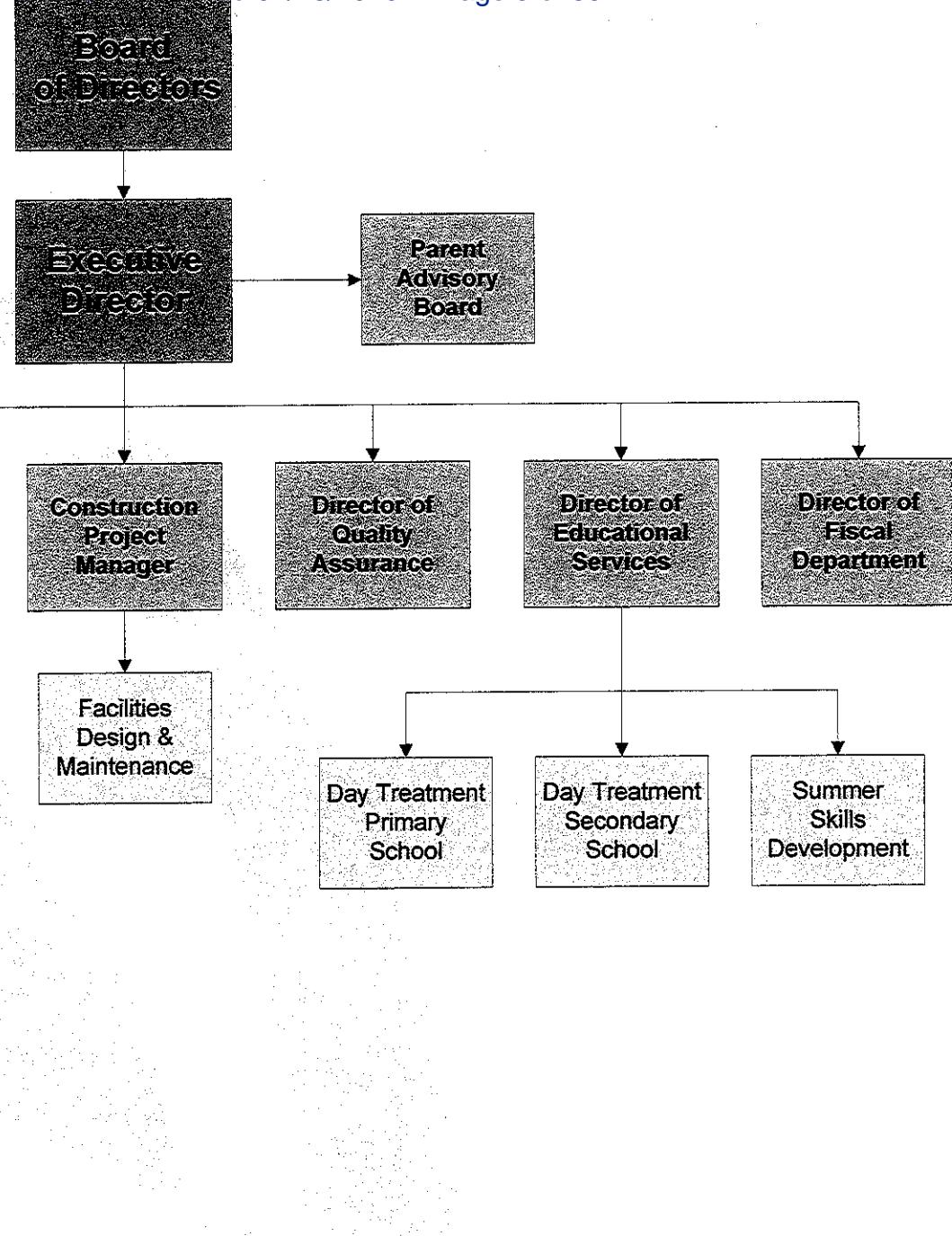
Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information of the audit committee, management, and the State of Alaska, and is not intended to and should not be used by anyone other than these specified parties.



December 4, 2008
Fairbanks, Alaska

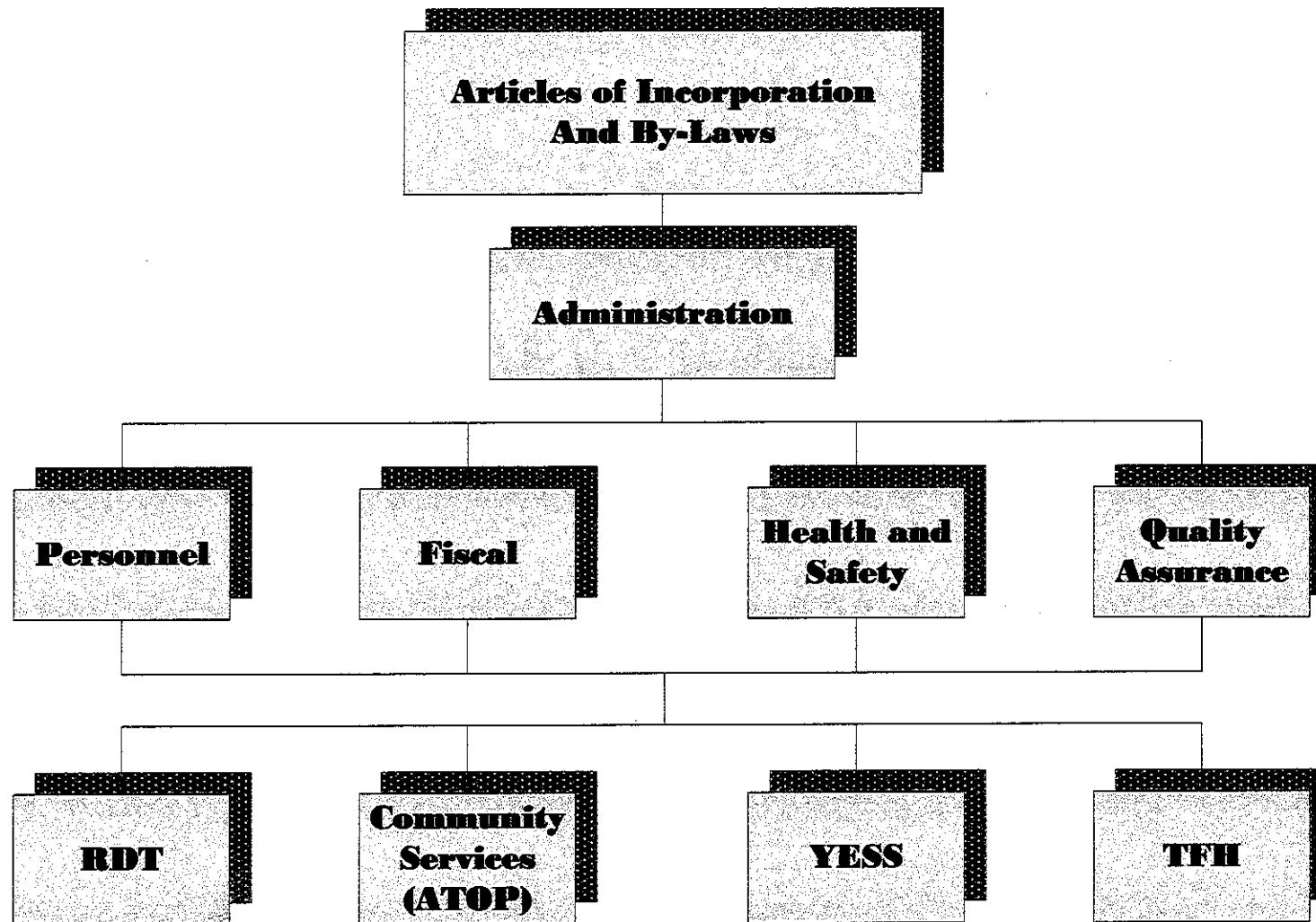
**Family Centered Services
of Alaska**
Organization Chart



*ATOP – Alternatives To
Out of State Placement

*REACH – Respite and
Crisis Home Program

Policy and Procedure Manual Hierarchy



Appendix E

**Staff Training Programs
Staff Training Plans**

Family Centered Services of Alaska
Staff Training Programs

Training Program	Provided By	Comments
1. FCSA Orientation	FCSA Staff	Mandatory Training
2. Job Shadowing	FCSA Staff	Program Specific Training
3. CPR	FCSA Training Staff	Mandatory Training All Staff
4. First Aid for Adults	FCSA Training Staff	Mandatory Training All Staff
5. First Aid for Infants	FCSA Training Staff	Mandatory Training All Staff
6. Fire Safety	FCSA Training Staff	Mandatory Training All Staff
7. Blood-borne Pathogens	FCSA Training Staff	Program Specific Training
8. Medication Administration	FCSA Staff	Program Specific Training
9. Cultural Sensitivity / Awareness	FCSA Training Staff	Mandatory Training All Staff
10. Documentation a) Treatment b) Medicaid	FCSA Training Staff	Program Specific Training
11. Managing Aggressive Behavior	FCSA Training Staff	Mandatory Training All Staff
12. Working with Severely Emotionally Disturbed Children	FCSA Training Staff	Mandatory Training All Staff
13. Working With Fetal Alcohol Syndrome and Fetal Alcohol Effects Children	FCSA Training Staff and outside contractors	Mandatory Training All Staff
14. Residential Child Care Worker a) Building Relationships b) Teaching Discipline c) Creating a Positive Environment d) Understanding Child Development e) Becoming A Supervisor	FCSA Training Staff	Program Specific Training
15. Inhalant Abuse Awareness	FCSA Training Staff	Mandatory Training All Staff
16. Parenting Training	FCSA Training Staff	Program Specific Training
17. Measurable Goals for Treatment Plans	Division of Medical Assistance	Coordinator Training
18. Foster Parent Training	FCSA Training Staff	Mandatory for Foster Parents
19. Health, Safety, & Disaster Preparedness	FCSA Training Staff	Mandatory Training All Staff

Staffing Levels: Staffing levels are never less than a 1:5 ratio. Most service ratios are 1:1.

CASE MANAGER CERTIFICATION PERIOD

Required Hours	Subject
24 hours	Coordinator I training
8-16 hours	Personnel Law
8 hours	MAB
2 hours	Admin On-Call training
5 hours	Treatment Team (supervised)
2 hours	Treatment Team Meeting debrief
6 Times	Coordinator Team Meetings
2 hours	Home visits, family meetings supervised
1 hours	Home, family meeting debrief
2 hours	Core meeting with staff
2 hours	ISP planning
1 hour	ISP review and debrief
2 hours	Supervised Quarterly Reports review
10 hours	Case review
1 hour	Computer systems training
<u>1 hour</u>	Other paperwork reviewed
85 hours TOTAL	Files, Medicaid Notes Treatment Team meeting notes Submit acceptable Quarterly Report & ISP 1 time on-call w/back-up supervisor Coordinator II approval of Coordinator I being on-call alone

ORIENTATION PERIOD

DEMONSTRATED COMPETENCIES

FCSA philosophy	Complete evaluation of staff supervised
Direct Child services and families	Favorable performance evaluation
Paperwork	Knowledge of child serving systems (FYF, DFYS, FCMH, etc.,) <u>Use of natural supports</u>
Team meetings	Medicaid
Collaboration w/other agencies	
Advocacy for Children	
Professionalism – open communication & collaboration w/in FCSA – flexibility	
Case coordination – team meetings – paperwork	

PROFESSIONAL DEVELOPMENT

Ongoing training / educational / performance expectations

100 hours combination of any areas

Hours must come from at least three areas

Areas are not inconclusive

One area may have up to 50 hours credited

<i>In house training</i>	<i>statewide development</i>
<i>community training</i>	<i>community development</i>
<i>presentations</i>	<i>ongoing education</i>
<i>extra projects</i>	<i>committees</i>
<i>board meetings</i>	<i>grant writing</i>

COORDINATOR I CERTIFICATION PERIOD

Required Hours	Subject
24 hours	Coordinator I training
8-16 hours	Personnel Law
8 hours	MAB
2 hours	Admin On-Call training
5 hours	Treatment Team (supervised)
2 hours	Treatment Team Meeting debrief
6 Times	Coordinator Team Meetings
2 hours	Home visits, family meetings supervised
1 hours	Home, family meeting debrief
2 hours	Core meeting with staff
2 hours	ISP planning
1 hour	ISP review and debrief
2 hours	Supervised Quarterly Reports review
10 hours	Case review
1 hour	Computer systems training
<u>1 hour</u>	Other paperwork reviewed
85 hours TOTAL	Files, Medicaid Notes Treatment Team meeting notes Submit acceptable Quarterly Report & ISP 1 time on-call w/back-up supervisor Coordinator II approval of Coordinator I being on-call alone

ORIENTATION PERIOD

DEMONSTRATED COMPETENCIES

FCSA philosophy	Complete evaluation of staff supervised
Direct Child services and families	Favorable performance evaluation
Paperwork	Knowledge of child serving systems (FYF, DFYS, FCMH, etc.,)
Team meetings	<u>Use of natural supports</u>
Collaboration w/other agencies	Medicaid
Advocacy for Children	
Professionalism – open communication & collaboration w/in FCSA – flexibility	
Case coordination – team meetings -- paperwork	

PROFESSIONAL DEVELOPMENT

Ongoing training / educational / performance expectations

100 hours combination of any areas

Hours must come from at least three areas

Areas are not inconclusive

One area may have up to 50 hours credited

<i>In house training</i>	<i>statewide development</i>
<i>community training</i>	<i>community development</i>
<i>presentations</i>	<i>ongoing education</i>
<i>extra projects</i>	<i>committees</i>
<i>board meetings</i>	<i>grant writing</i>

**THERAPIST
CERTIFICATION PERIOD**

Required Hours	Subject
5 hours	Admission and Discharge Forms
1 hour	Computer/MIS training
5 hours	Observing supervised treatment team meeting
40 hours	Consultation to Coordinator I/II
1 hour	Executive Director meeting
2 hours	Quality Assurance
5 hours	Counseling notes, admission/discharge summaries
2 hours	Supervised Quarterly Report Reviews
2 hours	Files, Medicaid notes, Treatment team meeting notes
10 hours	Coordinator meetings
10 hours	DMS IV testing and documentation
<u>1 hour</u>	Human Resources/personnel policy training
84 hours TOTAL	Attend one Board of Directors Meeting

ORIENTATION PERIOD

DEMONSTRATED COMPETENCIES

Case plan reflective of least restrictive and most normal philosophy
Demonstrated ability to identify and deliver therapeutic services to SED children
Demonstrated ability to deliver/supervise services outlined in ISP
Working knowledge of child serving systems, juvenile justice, mental health, social services, etc..
Working knowledge of FCSA policies and procedures
One community presentation on FCSA services
Acceptable 1 year evaluation
(20) Hours one on one, supervision with Clinical Director – over a 6 months period
40 hours CII meetings

PROFESSIONAL DEVELOPMENT

100 hours Minimum

One community presentation	In-house training
Agency grant assistance	
Facilitating training	
Continuing Education (40 Hours to maintain licensure)	
Program development	
Board Committees	
Community Development	
Extra projects	
Statewide development	

**REACH HOME PROGRAM MANAGER
CERTIFICATION PERIOD**

Required Hours	Subject
24 hours	Coordinator I training
8-16 hours	Personnel Law
8 hours	MAB
2 hours	Admin On-Call training
5 hours	Treatment Team (supervised)
2 hours	Treatment Team Meeting debrief
6 Times	Coordinator Team Meetings
2 hours	Home visits, family meetings supervised
1 hours	Home, family meeting debrief
2 hours	Core meeting with staff
2 hours	ISP planning
1 hour	ISP review and debrief
2 hours	Supervised Quarterly Reports review
10 hours	Case review
1 hour	Computer systems training
<u>1 hour</u>	Other paperwork reviewed
85 hours TOTAL	Files, Medicaid Notes Treatment Team meeting notes Submit acceptable Quarterly Report & ISP 1 time on-call w/back-up supervisor

ORIENTATION PERIOD

DEMONSTRATED COMPETENCIES

Minimum 60 semester hours of college credit or an Associates Degree in a Human Service field to meet caregiver qualifications found in 7AAC 50.200

FCSA philosophy	Complete evaluation of staff supervised
Direct Child services and families	Favorable performance evaluation
Client Documentation	Knowledge of child serving systems
Team meetings	<u>Use of natural supports</u>
Collaboration w/other agencies	Medicaid
Advocacy for Children	
Professionalism – open communication & collaboration w/in FCSA – flexibility	
Case coordination – team meetings	

PROFESSIONAL DEVELOPMENT

Ongoing training / educational / performance expectations

100 hours combination of any areas

Hours must come from at least three areas

Areas are not inconclusive

One area may have up to 50 hours credited

In house training	statewide development
community training	community development
presentations	ongoing education
extra projects	committees
board meetings	gr

FAMILY CENTERED SERVICES OF ALASKA**RESPITE HOME ASSISTANT ASSOCIATE ADMINISTRATOR
CERTIFICATION PERIOD**

Required Hours	Subject
24 hours	Coordinator I training
8-16 hours	Personnel Law
8 hours	MAB
2 hours	Admin On-Call training
5 hours	Treatment Team (supervised)
2 hours	Treatment Team Meeting debrief
6 Times	Coordinator Team Meetings
2 hours	Home visits, family meetings supervised
1 hours	Home, family meeting debrief
2 hours	Core meeting with staff
2 hours	ISP planning
1 hour	ISP review and debrief
2 hours	Supervised Quarterly Reports review
10 hours	Case review
1 hour	Computer systems training
<u>1 hour</u>	Other paperwork reviewed
85 hours TOTAL	Files, Medicaid Notes Treatment Team meeting notes Submit acceptable Quarterly Report & ISP 1 time on-call w/back-up supervisor

ORIENTATION PERIOD**DEMONSTRATED COMPETENCIES**

Minimum 60 semester hours of college credit or an Associates Degree in a Human Service field to meet caregiver qualifications found in 7AAC 50.200

FCSA philosophy	Complete evaluation of staff supervised
Direct Child services and families	Favorable performance evaluation
Client Documentation	Knowledge of child serving systems (FYF, DFYS, FCMH, etc.,)
Team meetings	<u>Use of natural supports</u>
Collaboration w/other agencies	Medicaid
Advocacy for Children	
Professionalism – open communication & collaboration w/in FCSA – flexibility	
Case coordination – team meetings	

PROFESSIONAL DEVELOPMENT

Ongoing training / educational / performance expectations

100 hours combination of any areas

Hours must come from at least three areas

Areas are not inconclusive

One area may have up to 50 hours credited

In house training	statewide development
community training	community development
presentations	ongoing education
extra projects	committees
board meetings	gra

COMMUNITY BASED SERVICES ADMINISTRATOR CERTIFICATION PERIOD

Required Hours	Subject
24 hours	Coordinator I training
5 hours	Fiscal Training
16 hours	Managing Aggressive Behavior
2 hours	Admin On-Call training
5 hours	Treatment Team (supervised)
2 hours	Treatment Team Meeting debrief
6 hours	Coordinator I Meetings
2 hours	Home visits, family meetings supervised
1 hours	Home, family meeting debrief
2 hours	Quality Assurance
2 hours	ISP planning
1 hour	ISP review and debrief
2 hours	Supervised Quarterly Reports review
10 hours	Case review
1 hour	Computer systems training
<u>1 hour</u>	Other paperwork reviewed
82 hours TOTAL	Files, Medicaid Notes Treatment Team meeting notes Submit acceptable Quarterly Report & ISP 1 time on-call w/back-up supervisor

ORIENTATION PERIOD

DEMONSTRATED COMPETENCIES

FCSA philosophy, policies and procedures Knowledge of child serving systems (FYF, OCS, FCMH, etc.,) Case plan reflective of least restrictive and most normal philosophy Demonstrated understanding of title47/crisis resolution proceedings Understanding Foster Care Understanding the delivery of therapeutic services to Children experiencing a severe emotional disturbance Complete evaluation of staff supervised Favorable performance evaluation One community presentation on FCSA services Collaboration w/other agencies Professionalism – open communication & collaboration w/in FCSA – flexibility	Advocacy for Children Use of natural supports Supervise team meetings
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PROFESSIONAL DEVELOPMENT

100 hours minimum

Ongoing training / educational / performance expectations

Hours must come from at least three areas

Areas are not inconclusive

One area may have up to 50 hours credited

In house training community training presentations extra projects	statewide development community development ongoing education committees	board meetings grant writing	board meetings grant writing
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**TEACHER
CERTIFICATION PERIOD**

Required Hours	Subject
5 hours	Fiscal Training
16 hours	Managing Aggressive Behavior
2 hours	Admin On-Call training
5 hours	Treatment Team (supervised)
2 hours	Treatment Team Meeting debrief
6 hours	Coordinator I Meetings
2 hours	Quality Assurance
2 hours	ISP planning
1 hour	ISP review and debrief
2 hours	Supervised Quarterly Reports review
10 hours	Case review
1 hour	Computer systems training
<u>1 hour</u>	Other paperwork reviewed
82 hours TOTAL	Files, Medicaid Notes Treatment Team meeting notes

ORIENTATION PERIOD

DEMONSTRATED COMPETENCIES

Direct teaching services such as tutoring, test administration and correction, field trips, preparing and teaching classes, and supervision of those students on independent study.	
FCSA philosophy, policies and procedures	Advocacy for Children
Knowledge of child serving systems (FYF, DFYS, FCMH, etc.)	Use of natural supports
Case plan reflective of least restrictive and most normal philosophy	Supervise team meetings
Demonstrated understanding of title47/crisis resolution proceedings	
Understanding Foster Care	
Complete evaluation of staff supervised	
Favorable performance evaluation	
One community presentation on FCSA services	
Collaboration w/other agencies	
Professionalism – open communication & collaboration w/in FCSA – flexibility	

PROFESSIONAL DEVELOPMENT

100 hours minimum

Maintain Teacher Certification by:

6 semester hours of continuing education (3 SH must be upper level)

Ongoing training / educational / performance expectations

Hours must come from at least three areas

Areas are not inconclusive

One area may have up to 50 hours credited

In house training
community training
presentations
extra projects

statewide development
community development
ongoing education
coi

board meetings
grant writing

SPECIAL EDUCATION TEACHER CERTIFICATION PERIOD

Required Hours	Subject
5 hours	Fiscal Training
16 hours	Managing Aggressive Behavior
2 hours	Admin On-Call training
5 hours	Treatment Team (supervised)
2 hours	Treatment Team Meeting debrief
6 hours	Coordinator I Meetings
2 hours	Quality Assurance
2 hours	ISP planning
1 hour	ISP review and debrief
2 hours	Supervised Quarterly Reports review
10 hours	Case review
1 hour	Computer systems training
<u>1 hour</u>	Other paperwork reviewed
82 hours TOTAL	Files, Medicaid Notes Treatment Team meeting notes

ORIENTATION PERIOD

DEMONSTRATED COMPETENCIES

IEP development and review

Direct teaching services such as tutoring, test administration and correction, field trips, preparing and teaching classes, and supervision of those students on independent study.

FCSA philosophy, policies and procedures

Advocacy for Children

Knowledge of child serving systems (FYF, DFYS, FCMH, etc.,)

Use of natural supports

Case plan reflective of least restrictive and most normal philosophy

Supervise team meetings

Demonstrated understanding of title47/crisis resolution proceedings

Understanding Foster Care

Complete evaluation of staff supervised

Favorable performance evaluation

One community presentation on FCSA services

Collaboration w/other agencies

Professionalism – open communication & collaboration w/in FCSA – flexibility

PROFESSIONAL DEVELOPMENT

100 hours minimum

Maintain Teacher Certification by:

6 semester hours of continuing education (3 SH must be upper level)

Ongoing training / educational / performance expectations

Hours must come from at least three areas

Areas are not inconclusive

One area may have up to 50 hours credited

In house training
community training
presentations

statewide development
community development
on

board meetings
grant writing

PROGRAM DIRECTOR CERTIFICATION PERIOD

Required Hours	Subject
24 hours	Coordinator I training
5 hours	Fiscal Training
16 hours	Managing Aggressive Behavior
2 hours	Admin On-Call training
5 hours	Treatment Team (supervised)
2 hours	Treatment Team Meeting debrief
6 hours	Coordinator I Meetings
2 hours	Home visits, family meetings supervised
1 hours	Home, family meeting debrief
2 hours	Quality Assurance
2 hours	ISP planning
1 hour	ISP review and debrief
2 hours	Supervised Quarterly Reports review
10 hours	Case review
1 hour	Computer systems training
<u>1 hour</u>	Other paperwork reviewed
82 hours TOTAL	Files, Medicaid Notes Treatment Team meeting notes Submit acceptable Quarterly Report & ISP 1 time on-call w/back-up supervisor

ORIENTATION PERIOD

DEMONSTRATED COMPETENCIES

FCSA philosophy, policies and procedures	Advocacy for Children
Knowledge of child serving systems (FYF, DFYS, FCMH, etc.,)	Use of natural supports
Case plan reflective of least restrictive and most normal philosophy	Supervise team meetings
Demonstrated understanding of title47/crisis resolution proceedings	
Understanding Foster Care	
Complete evaluation of staff supervised	
Favorable performance evaluation	
One community presentation on FCSA services	
Collaboration w/other agencies	
Professionalism – open communication & collaboration w/in FCSA – flexibility	

PROFESSIONAL DEVELOPMENT

100 hours minimum

Ongoing training / educational / performance expectations

- Hours must come from at least three areas
- Areas are not inconclusive
- One area may have up to 50 hours credited

In house training
community training
presentations
extra projects

statewide development
community development
ongoing education
committees

board meetings
grant writing

Appendix F

**Community Action Plan
FCSA Memberships Affiliation
Logic Model FY09 & FY10
Continuum of Care Worksheet
Board Meeting Minutes**

Fairbanks Behavioral Health Community Action Plan

Update for Fiscal Year 2010

Overview

The Fairbanks Behavioral Health Community Planning Group began with 34 behavioral health agency representatives who provide treatment and prevention services in Fairbanks and the Interior Region. The initial meeting was held prior to submission of FY 06 grant proposals and the group decided that their first task would be to develop and agree to an "acceptable community plan" as required in the DBH RFP. Information Insights was asked to facilitate the initial meeting and drafted the acceptable community plan. All participating agencies signed the plan and included it in their grant proposals.

Over the summer of 2006, the planning group reviewed agency, state and local disaster planning and worked with Rick Calcote from the DBH to coordinate disaster response training in Fairbanks in September.

Approximately 100 Fairbanks behavioral health providers received Level I and/or Level II training.

The Fairbanks Planning Group developed a graphic representation of the Fairbanks continuum of care and

used it as a tool to identify non-DBH funded community groups that provide behavioral health services and supports, as well, gaps in the local service system. The planning group has updated the continuum as services have changed each year.

To address welcoming and to improve the "no wrong door" approach, The Community Action Planning Group sponsored and organized a Behavioral Health Fair in September 2006 targeting front-line and first contact staff. It was a grand success; however, the 2nd Annual Behavioral Health Fair for September 2007 was cancelled due to lack of participation. The major factor in this cancellation was the Division of Behavioral Health's scheduling of a required Change Agent meeting in Anchorage on the same date.

Fairbanks Behavioral Health Community Action Planning Meetings continued in 2009. The group began planning for FY 09 in June, identifying gaps and prioritizing efforts at filling those gaps. The Plan to Address Identified Gaps was developed and monitored throughout the year. An update to this plan is attached.

2009 Community Planning Participants

Carl Rayburn, Family Centered Services of Alaska
Emily Ennis, Fairbanks Resource Agency

Vicki Thayer, Fairbanks Resource Agency

Siobhan Lynch, Tanana Chiefs Conference
Leafy McBride, Fairbanks Native Association
Gail Atchison, Fairbanks Community Behavioral Health Center
Anna Nelson, Interior AIDS Association

Drenda Tigner, Presbyterian Hospitality House
Bernard Gatewood, SOA DHSS DJJ

Sharon Bullock, Fairbanks Community Behavioral Health Center

Anne Brainerd, Fairbanks Counseling & Adoption
Guy Patterson, Fairbanks Native Association

Lynn Eldridge, SOA DBH
Sharon Walluk, SOA DBH

George Kirschner, TCC, Red Cross
Greg Williams, Red Cross
Suzan Dale, Family Centered Services of Alaska
Robyne, Fairbanks Native Association

Ellen Ganley, Information Insights
Taber Rehbaum, Big Brothers Big Sisters
Shirley Holmberg, TCC

2010 Community Action Plan

1. A process for conducting meetings on a regular basis for the purpose of community planning for clinical service delivery.

The Fairbanks Behavioral Health Community Action Planning Group (CAP) meets monthly. Information Insights is now donating time and space for the meetings in their conference room. Ellen Ganley of Information Insights manages e-mail notices for meetings and dissemination of planning documents to all participants. A member of the group facilitates the meetings.

Timeline: The CAP meets on the 3rd Tuesday of each month from 1:30-3:00 pm at the Information Insights Conference Room.

2. A clearly defined continuum of services provided in the catchment and the organizations that are responsible for providing these services.

The Fairbanks Area Continuum of Services Chart (attached) is updated at least annually and includes all known services and providers of behavioral health outreach, prevention and treatment regardless of state grantee status. Areas identified as severe service gaps include emergency youth services and residential treatment slots (both youth and adult).

Timeline: The continuum is current, and updated annually and as needed.

3. Gaps identified are detailed in the Plan to Address Gaps in Service, following this document.

Timeline: The current plan is up to date and active. It will be updated in July 2009 and revised to address the next prioritized gap(s).

4. The group has collaborated to support Fairbanks Resource Agency in securing resources to address serious behavioral problems in dually-diagnosed clients with developmental disabilities. The process has resulted in better access to psychiatric services and discussion of collaborating to meet workforce shortage issues.

Additional collaborative processes are detailed in the *Plan to Address Gaps in Service and Service Coordination* (attached).

Timeline: This step is already in process. A new identified gap will be prioritized for collaborative support by the Group in July, 2009 if the current process is successfully

underway, as it appears to be. The Fairbanks CAP group has embraced this process and anticipates that we will continue to prioritize and address gaps in our community behavioral health services continuum.

5. A process for coordination with primary care providers in the community:

Coordination of patient care between behavioral health and primary health care has been addressed on an individual basis. Primary care is financially accessible to behavioral health clients with Medicaid, Insurance, or Indian Health Services benefits. Interior Community Health Center provides primary health care on a sliding fee scale.

Fairbanks Community Behavioral Health Center has established a primary care clinic staffed by Advanced Nurse Practitioners. This service has broadened access to primary care for patients throughout the community, and may be an attractive alternative for individuals with behavioral health issues who are reluctant to access primary care due to stigma, real or perceived.

Behavioral Health Providers, depending on the scope of their services, provide case management and advocacy to clients whose behavior, past or present, interferes with their ability to access health care.

The Fairbanks Community Action Planning Group recognizes that both clients and primary care providers are in need of education and training in order to improve the provider/patient relationship, which is often damaged by the exhibition of unacceptable or misunderstood behavior related to substance abuse and/or mental illness. Primary care providers, in response to these behaviors, often perpetuate the stigma associated with those disorders and treat patients poorly.

Timeline: By September 30, 2009 the CAP will develop a plan to address the interaction of behavioral health clients and the primary medical care system. The plan will outline education goals for clients and identify materials that behavioral health providers can use to help their clients be better patients. Reducing stigma and discrimination against individuals with substance abuse disorders and mental illness in the primary care system is also critical. The CAP will identify strategies to address this stigma and discrimination. Primary care providers will be specifically invited to meetings addressing this topic.

SUMMARY

While the Fairbanks Behavioral Health Community Action Planning Group originated as a response to a Division of Behavioral Health grant requirement, it has developed into a valuable forum for support, information sharing, and community planning. Goals and actions steps have been consolidated into the Plan to Address Gaps in Service.

Fairbanks Behavioral Health Community Action Planning Group

FY09-FY10 Plan to Address Gaps in Service and Coordination

April 13, 2009

Identified Gaps in Service

1. Mental Health services for developmentally disabled clients: medical and psychiatric support for medication management and behavioral issues. Psychiatrists are not available, especially those experienced with DD/SMI issues.
2. Treatment options for sex offenders: almost all treatment programs exclude sex offenders.
3. Mental health assessment and treatment: current capacity is inadequate to meet the community need.
4. Substance Abuse Treatment: current capacity is inadequate to meet the community need in all levels of care and modes of treatment.
5. Mental Health Care: Higher levels of care have inadequate capacity to meet community need.
6. Treatment for Eating Disorders: Residential treatment not available in the state. Individual outpatient mental health treatment provided by Fairbanks Community Behavioral Health and private mental health providers.
7. Detoxification: capacity is inadequate to meet current community need.
8. SED/SMI Transitional Services for youth age 18-22: capacity is inadequate to meet current community need.

Plan to address one or more of the gaps in service or service coordination problems in FY2009

Identified Gap 1. Mental health services for developmentally disabled clients who experience a serious mental illness are currently inadequate to meet the needs of this population. To meet these needs, Fairbanks Resource Agency needs access to psychiatrist and other mental health professionals to provide medication management and support for behavioral interventions to improve safety, wellness, and community integration. There is currently little or no access to psychiatric services from professionals who are trained and experienced in treating developmentally disabled individuals who also experience serious psychiatric problems.

Plan to Address Gap 1. The first step in addressing this gap is to explore the potential solutions and barriers to this problem.

1. Identified Potential Solutions

- a. Telemedicine to link with psychiatrists in Anchorage.
- b. Partnership with Presbyterian Hospitality House, who currently has consulting psychiatrist.

- c. Partnership with a national organization for DD/MI psychiatric consultation.
- d. Partnership with Fairbanks Community Behavioral Health Center for Group treatment activities for selected DD/MI clients.
- e. Identify local private clinician willing to expand scope of practice and gain experience directly or through partnership with Anchorage or other psychiatrist/mental health professionals.

2. Identified Barriers

- a. Medicaid/Medicare billing
- b. High cost of Telemedicine facilities
- c. Need not prioritized at state level
- d. Funding sources not identified
- e. Direct support staff education and training not available

3. Action Plan

- a. Facilitate recognition and prioritization of need by state administrators and beneficiary boards.
- b. Identify funding sources for developing and sustaining clinical resources.
- c. Identify funding sources for obtaining telemedicine equipment.
- d. Speak to Kathy Craft, Department of Health and Social Services, who was involved in the development of a prior collaborative project in Fairbanks, about history of behavioral health and developmental disability collaboration in Alaska and potential resources.
- e. Identify and contact national organization of DD/MI psychiatric consultation.
- f. Assess local private clinician feasibility including Presbyterian Hospitality House.
- g. Reassess Fairbanks Community Behavioral Health's ability to provide resources.
- h. Facilitate local/ state task force to identify scope of DD/MI issues and resources.
- i. Identify and procure funding for direct support staff training on behavior analysis, treatment approaches, and training strategies.

4. Action Plan Update – April 2009

- a. Facilitate recognition and prioritization of need by state administrators and beneficiary boards.
 - i. *State administrators and representatives of the four Trust beneficiary boards and the Alaska Association on Developmental Disabilities met in October 2008, to review the need and strategies for increasing the state's capacity to support individuals with challenging/maladaptive behaviors, focusing on individuals with DD/MI and the elderly.*
 - ii. *Group reached agreement to consider issue a priority and continue further review.*
 - iii. *Director Rebecca Hilgendorf of Alaska State Division of Senior and Disability Services initiated a contract with Washington Interstate Commission for Health Education (WICHE) to assist the state with identification of intervention and support needs and to assist with the development of a crisis response team.*
- b. Identify funding sources for developing and sustaining clinical resources.
 - i. *Pending WICHE study.*
- c. Identify funding sources for obtaining telemedicine equipment
 - i. *Pending WICHE study*

- d. Speak to Kathy Craft, Department of Health and Social Services, who was involved in the development of a prior collaborative project in Fairbanks, about history of behavioral health and developmental disability collaboration in Alaska and potential resources.
 - i. *Kathy Craft is leading a workforce project which may interface with development of specialized direct service positions to serve individuals DD/MI and challenging behaviors.*
 - ii. *Pending WICHE study*
- e. Identify and contact national organization of DD/MI psychiatric consultation.
 - i. *Pending WICHE study*
- f. Assess local private clinician feasibility including Presbyterian Hospitality House.
 - i. *Anchorage clinician has agree to contract for services in Fairbanks.*
 - ii. *Discussion with Presbyterian Hospitality House to be continued.*
- g. Reassess Fairbanks Community Behavioral Health's ability to provide resources.
 - i. *Discussion with Fairbanks Community Behavior Health to be continued.*
- h. Facilitate local/ state task force to identify scope of DD/MI issues and resources.
 - i. *State contract with WICHE to study the issues of serving individuals with DD/MI needs who have challenging behaviors.*
 - ii. *WICHE study and recommendations to provide basis for developing State plan of action*
- i. Identify and procure funding for direct support staff training on behavior analysis, treatment approaches, and training strategies.
 - i. *Pending WICHE study*

Progress in Addressing Other Gaps

1. Mental Health Care: Higher levels of care have inadequate capacity to meet community need.
2. Residential Treatment Needs
 - a. Youth – Boys and Girls Home of Alaska, youth psychiatric facility, open house August 8, 2008. 50 beds will open August 11, 2008. It is anticipated that full capacity of 120 beds will be open in September, 2008.
 - b. SMI Adults – Three residential facilities added by Fairbanks Community Behavioral Health Center. Two are open now. The third will be open by mid-August, with a total of 23 beds between the three facilities.
 - c. SMI Adults – Independent living facility with case management support. Building under renovation now.
 - d. SED youth – Family Centered Services of Alaska will be opening 3 homes (15 total beds) for SED youth (8-13/13-18). Opening planned in November 2008.
3. Detoxification: capacity is inadequate to meet current community need.
 - a. Enhanced Detoxification facility is under construction with a planned opening date of January, 2009. This project will replace Fairbanks Native Association's detox facility and increase overall capacity from 10 beds to 16.

**Family Centered Services of Alaska
Membership Affiliations**

Alaska Behavioral Health Association (ABHA)	John W. Regitano
Juvenile Justice Gang Task Force	Lisa Pavlovic Suszan Dale
Bring the Kids Home Project, AK DHSS and AK Mental Health Trust Authority	John W. Regitano
ABHA (CFO Workshop)	Kathy Cannone
Arctic Alliance	Suszan Dale
Residential Child Care Providers Association	Amanda Foster Suszan Dale
National Association Children's Behavioral Health	John W. Regitano Suszan Dale
Community Mental Health Providers	John W. Regitano
Community Action Plan Committees	Carl Rayburn Suszan Dale
Substance Abuse Association	John W. Regitano Montie Ford
American Counseling Association	Ligia Novcaski
American Psychological Association	Ligia Novcaski
American Psychotherapy Association	Ligia Novcaski
American Forensic Counselors Association	Ligia Novcaski

FY 09 COMPREHENSIVE BEHAVIORAL HEALTH TREATMENT AND RECOVERY GRANT PROGRAM
LOGIC MODEL EVALUANTION PLAN

Grantee: Family Centered Services of Alaska, Inc

Grant Number: 602-09-273

Identified Challenge

Outcome	Indicators	Data Collection Strategy
Consumers discharged from FCSA with 120 days of continuous services will show improvement in their Global Assessment of Functioning (GAF) score of + 5 points.	<ol style="list-style-type: none"> 1. Consumer will receive a GAF score at the time of intake from the clinician. 2. Consumers will receive a GAF score at every 6-month interval from the clinician. 	<ol style="list-style-type: none"> 1. Consumers will receive a GAF score at discharge. 2. Data from the initial global assessment of functioning (GAF) score completed at intake, and the discharge GAF score will be calculated to show increase/and or decrease in the consumers overall global assessment of functioning.
Consumers will make progress on at least two of their treatment goals.	<ol style="list-style-type: none"> 1. Reduction in the number of incident reports related to identified behaviors and goals. 2. Behavioral tracking data documented by all staff working with the consumer. 3. Direct observation by the parent/and or guardian 	<ol style="list-style-type: none"> 1. Incident reports 2. Data is collected each day and documented on rehabilitation notes. Data is compiled and presented every 90 days at the quarterly review meeting to show progress. 3. Verbally by parent/and or guardian at the 90 day quarterly review meeting.
FCSA will conduct quarterly consumer satisfaction surveys in which 90% of consumers and their families will express satisfaction with the services provided.	<ol style="list-style-type: none"> 1. Parent's written statement at each 90-day quarterly review meeting. 2. Satisfaction after discharge. 	<ol style="list-style-type: none"> 1. Data is collected at each 90 -day quarterly review meeting, it is then compiled and calculated. 2. Exit surveys
FCSA will complete a comprehensive behavioral health assessment for all consumers. Based on the needs identified in the assessment, FCSA will refer the consumer to the appropriate FCSA program, or will refer the consumer to a community referral partner when the service is not provided by FCSA	<ol style="list-style-type: none"> 1. Consumer's must meet SED criteria to be enrolled in an FCSA program. 	<ol style="list-style-type: none"> 1. Data will be collected each quarter by calculating the total number of unduplicated new admissions.

FY 2009 COMPREHENSIVE BEHAVIORAL HEALTH TREATMENT AND RECOVERY GRANT PROGRAM
LOGIC MODEL WORKSHEET

Grantee name: Family Centered Services of Alaska

Grant Number: 602-09-273

Identified Challenge: None

Factors causing the challenge: None

Resources	Activities	Outputs	Outcomes	Goals
Psychiatrist Clinicians Case Managers Coordinators Teachers Parents/Guardians Youth Counselors Day Treatment ATOP program Natural Supports Community partners	Psychiatrist will provide medication management oversight. Clinicians will provide individual, group and family therapy and crisis intervention services, other FCSA staff will provide Group Skills Development, Individual Skill Development, Recipient Support Services, Family Skill Development, and Educational Support Services using a Wrap Around Model. Community partners will be utilized to fill any gaps in services that FCSA does not otherwise offer. Natural Supports will be utilized to provide support and advocacy to parents and children.	Using the Wrap Around Model: All Services are individualized to each consumer, based on the intake assessment and initial quick wrap meeting. All Consumers will receive a comprehensive behavioral health assessment, a Global Assessment of Functioning score (GAF), Client Status Review, and the Alaska Screening Tool. Children will receive services up to 7-days each week or as delineated in their Individualized Service Plan. The consumer's treatment team will review the progress as it relates to child's treatment goals every 90-days. Parent/and or Guardians will provide a written statement of satisfaction at each review period.	Consumers are able to remain in their home, school and community at the lowest level of care. Consumers will learn to develop the skills necessary to remain in their home, school, and community. To assure that consumers' receive quality treatment and that consumers have the ability to provide input with regard to services they receive. Input will be used to enhance and improve service delivery.	All consumers will receive a Comprehensive Behavioral Health Assessment. Consumers will show progress on at least two of their treatment goals. FCSA will conduct quarterly consumer satisfaction surveys in which 90% of consumers and their families will express satisfaction with the services provided. Consumers discharged from FCSA with 120 days of continuous services will show improvement in their Global Assessment of Functioning (GAF) of + 5 points.

FY 09 COMPREHENSIVE BEHAVIORAL HEALTH TREATMENT AND RECOVERY GRANT PROGRAM
LOGIC MODEL EVALUATION PLAN

Grantee: Family Centered Services of Alaska, Inc

Grant Number: 602-09-273

Identified Challenge: None

Outcome	Indicators	Data Collection Strategy
Consumers discharged from FCSA with 120 days of continuous services will show improvement in their Global Assessment of Functioning (GAF) score of + 5 points.	<ol style="list-style-type: none"> 1. Consumer will receive a GAF score at the time of intake from the clinician. 2. Consumers will receive a GAF score at every 6-month interval from the clinician. 	<ol style="list-style-type: none"> 1. Consumers will receive a GAF score at discharge. 2. Data from the initial global assessment of functioning (GAF) score completed at intake, and the discharge GAF score will be calculated to show increase/and or decrease in the consumers overall global assessment of functioning.
Consumers will make progress on at least two of their treatment goals.	<ol style="list-style-type: none"> 1. Reduction in the number of incident reports related to identified behaviors and goals. 2. Behavioral tracking data documented by all staff working with the consumer. 3. Direct observation by the parent/and or guardian 	<ol style="list-style-type: none"> 1. Incident reports 2. Data is collected each day and documented on rehabilitation notes. Data is compiled and presented every 90 days at the quarterly review meeting to show progress. 3. Verbally by parent/and or guardian at the 90 day quarterly review meeting.
FCSA will conduct quarterly consumer satisfaction surveys in which 90% of consumers and their families will express satisfaction with the services provided.	<ol style="list-style-type: none"> 1. Parent's written statement at each 90-day quarterly review meeting. 2. Satisfaction after discharge. 	<ol style="list-style-type: none"> 1. Data is collected at each 90 -day quarterly review meeting, it is then compiled and calculated. 2. Exit surveys
FCSA will complete a comprehensive behavioral health assessment for all consumers. Based on the needs identified in the assessment, FCSA will refer the consumer to the appropriate FCSA program, or will refer the consumer to a community referral partner when the service is not provided by FCSA	<ol style="list-style-type: none"> 1. Consumer's must meet SED criteria to be enrolled in an FCSA program. 	<ol style="list-style-type: none"> 1. Data will be collected each quarter by calculating the total number of unduplicated new admissions.

TREATMENT AND RECOVERY
FY09 LOGIC MODEL QUARTERLY REPORT

Grant #:	Agency Name:	FY09 quarter #:
602-09-273	Family Centered Services of Alaska	1

Proposed Outcomes*	Outputs Accomplished**	Proposed Indicators ***	Progress on indicator ****
<u>Outcome #1</u> <u>Consumers discharged from FCSA with 120 days of continuous services will show improvement in their Global Assessment of Functioning (GAF) score of + 5 points.</u>	<u>All consumers received a Global Assessment of Functioning Score at intake, and at each 6 month interval thereafter, and at the time of discharge.</u>	<u>1. Consumer will receive a GAF score at the time of intake from the clinician.</u> <u>2. Consumers will receive a GAF score at every 6-month interval from the clinician.</u>	<u>Children discharged from an FCSA program with 120 days of continuous services showed as average GAF improvement score of 11 points.</u>
<u>Outcome #2</u> <u>Consumers will make progress on at least two of their treatment goals</u>	<u>Incident reports related to identified behaviors and goals were reported and data was collected.</u> <u>Behavior tracking data was documented by all staff working with the consumer and collected.</u> <u>Direct observation by the parent/and or guardian</u>	<u>1. Reduction in the number of incident reports related to identified behaviors and goals.</u> <u>2. Behavioral tracking data documented by all staff working with the consumer.</u> <u>3. Direct observation by the parent/and or guardian</u>	<u>61% of FCSA consumers made progress on two of their treatment goals.</u>

	<p><u>parent/and or guardian was</u> <u>reported by the</u> <u>parent/guardian at the</u> <u>Quarterly review.</u></p>		
Outcome #3 <u>FCSA will conduct quarterly consumer satisfaction surveys in which 90% of consumers and their families will express satisfaction with the services provided.</u>	<p><u>Parents/ and or legal guardians documented their satisfaction at the quarterly review meetings.</u></p>	<p><u>1. Parent's written statement at each 90-day quarterly review meeting.</u> <u>2. Satisfaction after discharge.</u></p>	<p><u>96 % percent of legal guardians reported that they were satisfied with the services provided.</u></p>

- * **Proposed Outcomes** – List each outcome stated on your FY09 Logic Model Evaluation Chart (e.g. “Increase accuracy of AKAIMS data entry”).
- ** **Outputs Accomplished** – List the outputs you have completed (e.g. “3 AKAIMS data completeness reports to staff”).
- *** **Proposed Indicators** – List the indicators for the outcome that you proposed in your FY09 Logic Model (“90% of AKAIMS entries correct.”)
- **** **Progress on Indicator** – Do your measures show that you achieved the outcome you proposed? Use data to demonstrate your progress. (“In FY09 2nd quarter, 80% of AKAIMS entries correct; accuracy is improving over FY08 but has not reached proposed 90% correct indicator yet.”)

USE ADDITIONAL COPIES OF THIS FORM TO REPORT ON OTHER OUTCOMES PROPOSED IN YOUR FY09 LOGIC MODEL.

Attachment 3

FY 2010 COMPREHENSIVE BEHAVIORAL HEALTH TREATMENT AND RECOVERY GRANT PROGRAM
LOGIC MODEL FOR PROGRAM PLANNING
LOGIC MODEL WORKSHEET

Grantee name: Family Centered Services of Alaska

Identified Challenge: To prevent consumer who are experiencing a severe behavioral health disturbance from being removed from their parent/or community and the enable the reunification of consumers who are already in an out of home or out of state placement.

Factors causing the challenge: None

Resources	Activities	Outputs	Outcomes	Goals
Psychiatrist Clinicians Case Managers Coordinators Teachers Parents/Guardians Youth Counselors Day Treatment ATOP program Natural Supports Community partners	Psychiatrist will provide medication management oversight. Clinicians will provide individual, group and family therapy and crisis intervention services, other FCSA staff will provide Group Skills Development, Individual Skill Development, Recipient Support Services, Family Skill Development, and Educational Support Services using a Wrap Around Model. Community partners will be utilized to fill any gaps in services that FCSA does not otherwise offer. Natural Supports will be utilized to provide support and advocacy to parents and children.	Using the Wrap Around Model: All Services are individualized to each consumer, based on the intake assessment and initial quick wrap meeting. All Consumers will receive a comprehensive behavioral health assessment, a Global Assessment of Functioning score (GAF), Client Status Review, and the Alaska Screening Tool. Children will receive services up to 7-days each week or as delineated in their Individualized Service Plan. The consumer's treatment team will review the progress as it relates to child's treatment goals every 90-days. Parent/and or Guardians will provide a	Consumers are able to remain in their home, school and community at the lowest level of care. Consumers will learn to develop the skills necessary to remain in their home, school, and community. To assure that consumers' receive quality treatment and that consumers have the ability to provide input with regard to services they receive. Input will be used to enhance and improve service delivery.	All consumers will receive a Comprehensive Behavioral Health Assessment. Consumers will show progress on at least two of their treatment goals. FCSA will conduct quarterly consumer satisfaction surveys in which 90% of consumers and their families will express satisfaction with the services provided. Consumers discharged from FCSA with 120 days of continuous services will show improvement in their Global Assessment of Functioning (GAF) of + 5

		written statement of satisfaction at each review period.	services.	points.
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FY 2010 COMPREHENSIVE BEHAVIORAL HEALTH TREATMENT AND RECOVERY GRANT PROGRAM
LOGIC MODEL EVALUATION PLAN

Grantee: Family Centered Services of Alaska, Inc

Identified Challenge: To prevent children with a behavioral or mental health disability from being removed from their home and/or community of tie.

Outcome	Indicators	Data Collection Strategy
Consumers discharged from FCSA with 120 days of continuous services will show improvement in their Global Assessment of Functioning (GAF) score of + 5 points.	<ol style="list-style-type: none"> 1. Consumer will receive a GAF score at the time of intake from the clinician. 2. Consumers will receive a GAF score at every 6-month interval from the clinician. 	<ol style="list-style-type: none"> 1. Consumers will receive a GAF score at discharge. 2. Data from the initial global assessment of functioning (GAF) score completed at intake, and the discharge GAF score will be calculated to show increase/and or decrease in the consumers overall global assessment of functioning.
Consumers will make progress on at least two of their treatment goals.	<ol style="list-style-type: none"> 1. Reduction in the number of incident reports related to identified behaviors and goals. 2. Behavioral tracking data documented by all staff working with the consumer. 3. Direct observation by the parent/and or guardian 	<ol style="list-style-type: none"> 1. Incident reports 2. Data is collected each day and documented on rehabilitation notes. Data is compiled and presented every 90 days at the quarterly review meeting to show progress. 3. Verbally by parent/and or guardian at the 90 day quarterly review meeting.
FCSA will conduct quarterly consumer satisfaction surveys in which 90% of consumers and their families will express satisfaction with the services provided.	<ol style="list-style-type: none"> 1. Parent's written statement at each 90-day quarterly review meeting. 2. Satisfaction after discharge. 	<ol style="list-style-type: none"> 1. Data is collected at each 90 -day quarterly review meeting, it is then compiled and calculated. 2. Exit surveys
FCSA will complete a comprehensive behavioral health assessment for all consumers. Based on the needs identified in the assessment, FCSA will refer the consumer to the appropriate FCSA program, or will refer the consumer to a community referral partner when the service is not provided by FCSA	<ol style="list-style-type: none"> 1. Consumer's must meet SED criteria to be enrolled in an FCSA program. 	<ol style="list-style-type: none"> 1. Data will be collected each quarter by calculating the total number of unduplicated new admissions.

Fairbanks Behavioral Health Planning Group
Fairbanks Region Continuum of Care Worksheet (revised 04-13-09)

Behavioral Health Services	Services			Age Groups				Service Availability		Capacity	Restrictions	Wait List?	How Many?
	MH	SA	BH	<12	12 to 18	19 to 64	65+	24/7	PT				
I. Community Prevention/Support/Advocacy Services													
• ASETS for Youth													
• Big Brothers Big Sisters												Yes	
• Fairbanks NSB School District (ADIS - Safe Schools)												In School	
• Fairbanks Public Health Center													
• Fairbanks Youth Court													
• Fairbanks Counseling and Adoption													
• FNA Ch'eghutsen'													
• FNA Fairbanks Alcohol Safety Action Program												Court Ordered	
• FRA Supported Parenting											35	DD/LD	
• Golden Heart Project												Alcohol Primary	
• Interior AIDS Association												HIV	
• Joel's Place												20 & under	
• MADD													No
• NAMI												SMI	
• PHH Prime for Life													
• RCPC Stevie's Place													
• RCPC WIC Nutrition Services													
• RCPC Parent Warm Line													
• RCPC Cuddle Cure													
• RCPC Parenting Lending Library													
• RCPC Parenting on Thursdays													
• TCC Behavioral Health Aides												Alaska Native	
• RCPC Healthy Marriage & Relationship Class													
• TCC Hunik' Zoo													No
• TCC ASAP													
• United Way – COMPASS													
III. Behavioral Health Services													
a. Outreach													
• FNA Ch'eghutsen'													
• FCA Street Outreach													
• Fairbanks Counseling and Adoption													
• IAA HIV Prevention Outreach												HIV Risk	No
• FDA Community Services Patrol													

Fairbanks BH Service Continuum (cont.)

Behavioral Health Services	Services			Age Groups				Service Availability		Capacity	Restrictions	Wait List?	How Many?
	MH	SA	BH	<12	12 to 18	19 to 64	65+	24/7	PT				
a. Outreach (cont.)													
• Joel's Place											20 and under		
• TCC Behavioral Health Program											SMI/AK Native		
• FRA Senior Services													
b. Emergency Services													
• Family Centered Services of AK											Clients only		
• Fairbanks Community Behavioral Health Center											Clients and others		
• Fairbanks Memorial Hospital Emergency Room													
• FDA Community Services Patrol											Intoxicated		
• Gateway to Recovery Enhanced Detox (FNA)											10-16		
• PHH 7 th Street											5 beds		
• Police/Troopers (Title 47)													
• RCPC Stevie's Place													
• Red Cross											In an emergency		
• TCC Chief Andrew Isaac Health Center											Alaska Native		
• TCC Behavioral Health Services											Alaska Native		
• United Way Care Line											800# after hours		
c. Assessment													
• Family Centered Services of AK											Clients & others		
• Fairbanks Community Behavioral Health Center											Clients & others		
• Fairbanks Memorial Hospital Emergency Room													
• FCA Street Outreach													
• FCA Assessment Services													
• FNA Behavioral Health Services													
• FRA Ralph Perdue Center													
• Interior AIDS Association											Applicants only		
• Interior Center for Non-Violent Living													
• Interior Community Health Center													
• PHH Stabilization and Assessment Centers											Under 21		
• RCPC WIC Nutrition Services											Women/children		
• RCPC Family Services Program													
• TCC Behavioral Health Services											Alaska Native		
• TCC Chief Andrew Isaac Health Center											Alaska Native		
• UAF Counseling Center											Students only		

Behavioral Health Services	Services			Age Groups			Service Availability		Capacity	Restrictions	Wait List?	How Many?
	MH	SA	BH	<12	12 to 18	19 to 64	65+	24/7				
d. Outpatient (Clinic-based) Services												
• Family Centered Services of Alaska	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■		Ages 5 to 22		
• Fairbanks Community Behavioral Health Center	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■				
• Fairbanks Counseling and Adoption	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■			Yes	30
• FNA Ralph Perdue Center		■■■■■						■■■■■				
• Hope Counseling			■■■■■	■■■■■	■■■■■	■■■■■		■■■■■				
• Interior AIDS Association		■■■■■						■■■■■		29	Opiate Addiction	Yes
• Samaritan Counseling	■■■■■							■■■■■				
• TCC Behavioral Health Services			■■■■■	■■■■■	■■■■■	■■■■■		■■■■■			Alaska Native	
• TCC Behavioral Health Aides			■■■■■	■■■■■	■■■■■	■■■■■		■■■■■			10 villages	
• UAF Counseling Center	■■■■■							■■■■■			Students only	
• Other Private Providers												
e. Rehabilitation Services (non-clinical/non-residential)												
• Alaska Center for Children and Adults	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■			Clients only	
• Fairbanks Community Behavioral Health Center	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■			Clients to 22 yr	
• Family Centered Services of Alaska	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■			Clients to 22 yr	
• FNA Ch'eghutsen'	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■			18 to 21 yr	
• FNSB School District HIRE Program	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■				
• FRA Vocational Services		■■■■■		■■■■■	■■■■■	■■■■■		■■■■■			Alaska Native	
• TCC ASAP			■■■■■	■■■■■	■■■■■	■■■■■		■■■■■			Alaska Native	
• TCC Behavioral Health Center			■■■■■	■■■■■	■■■■■	■■■■■		■■■■■				
f. Medical/Psychiatric Services												
• Family Centered Services of Alaska	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■			5 to 22 yr	
• Fairbanks Community Behavioral Health Center	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■			Clients only	
• Fairbanks Counseling and Adoption	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■			Clients only	
• Fairbanks Memorial Hospital (ER)		■■■■■		■■■■■	■■■■■	■■■■■		■■■■■				
• Interior AIDS Association	■■■■■							■■■■■		29	Clients only	
• TCC Behavioral Health Services			■■■■■	■■■■■	■■■■■	■■■■■		■■■■■			Alaska Native	
• Private Providers (Good Samaritan, others)												
g. Detoxification Services												
• FNA Enhanced Detox (Gateway to Recovery)	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■		10-16		
• Fairbanks Memorial Hospital	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■			Medical necessity	
• Interior AIDS Association	■■■■■			■■■■■	■■■■■	■■■■■		■■■■■		5	Opiate addiction	

Behavioral Health Services	Services			Age Groups				Service Availability		Capacity	Restrictions	Wait List?	How Many?
	MH	SA	BH	<12	12 to 18	19 to 64	65+	24/7	PT				
II. Residential Services													
• Assisted Living Homes													
• Fairbanks Resource Agency										70			
• FCBHC Children's Program										15	SED to age 22		
• FCBHC Adult Program										35	SMI/ Dual Diag		
• FCSA Therapeutic Family Homes										26	5 to 18 yr	Yes	7
• FCSA Residential and Diagnostic										9	10 to 18 yr	Yes	
• FNA/TCC Graf Rheeneerhaanjii										12	AK Native to 22		
• FNA Ralph Perdue Center										8-16		Yes	
• FNA Longhouse										8	Homeless		
• FNA Women and Children's Center for Inner Healing										8	Women/Mothers	Yes	
• Oxford House										9	In recovery		
• PHH 7 th Street/Norton Ave.										10			
• PHH Teaching Family Homes										20		Yes	
• PHH Independent Living/Learning										5	18-21 yr, males		
• TCC Paul Williams House										12	SMI		
• TCC Old Minto Recovery Camp										25	Certain offenders		
III. Inpatient Services													
• Fairbanks Memorial Hospital DET beds										20	18 and older		



**FCSA Board of Directors Meeting
February 19, 2009**

Board Members Present

Debbie Coxon
Judy Farnham
Cathy Albright
Charlie Sparks
Jo-Ann Grimaldi
Kathy Kraft

Absentee Board Members

Cory Borgeson

Staff/Guest Present

John W. Regitano
Kathy Cannone
Kimberly Paulsrud
Cindy M. Massingill

Vice - President Calls Meeting to Order:

President, Debbie Coxon, calls the meeting to order: 5:35 pm.

Visitors:

None

Attendance:

Attendance was taken by Cindy M. Massingill

Approval of Agenda:

Charlie Sparks motioned to approve the agenda as amended (rearranging items under New Business), seconded by Jo-Ann Grimaldi, and the motion was approved.

Approval of Minutes:

Charlie Sparks motioned to approve the minutes of January 22, 2009, seconded by Cathy Albright, and the motion was approved.

Old Business:

None

FCSA Board of Directors Meeting
February 19, 2009
Page 2

Director of Behavioral Health Services Report – Suszan Dale:

A written report was provided by Suszan Dale, who was not present at the meeting. John informed the Board that Bernice Beddoe, Director of the Residential Diagnostic Treatment Director Program had resigned. And we hope to have a replacement by mid March.

Financial Report – Kathy Cannone:

The Financial Statement for December 2008 was presented by Kathy Cannone, Chief Fiscal Officer. Kathy stated that there was a small loss in December which was expected because a number of clients generally go home for holidays. Also, that the cash flow is improving.

John informed the Board that both he and Kathy monitor the cash flow on regular basis.

Charlie asked how long it took to receive payment once submitted. Kathy responded approximately 10 days.

Kathy informed the Board that we should start to see an increase in Medicaid payments starting in January because of the increase in the Medicaid billing rates that went into effect in December.

Executive Director Report – John W. Regitano:

A written report was provided by John W. Regitano.

John informed the Board that we are moving forward with setting up the Dillingham home to be operated as a therapeutic foster home. We are now working the necessary mechanical details such as: a lease agreement, license transfer to FCSA, contract, policy and procedures manual, and a number of other items will have to be completed before the home could open.

John noted while in Juneau at the Bring the Kids Home meeting when he announced that FCSA and our Dillingham community partners were ready but unable to open the family home in Dillingham because the State has yet to provide a contract to operate the home; that this was a big surprise to most State workers including the Director of Behavioral Health for the State of Alaska. Apparently as a follow-up to that announcement someone from the Office of Children's Service's stopped by our office the following week to ask what was needed to open the home.

FCSA Board of Directors Meeting
February 19, 2009
Page 3

John and Rick Callahan, FCSA Facility Manager, were in Wasilla for a pre-bid conference held at the Alaska Family Services office. There were eleven companies represented (all were pre qualified to bid) and about 25 people at the meeting. Rick will be going to Wasilla tomorrow to look at the property and try to determine the amount of dirt work needed. FCSA will be hiring a general for a turn-key project. Our construction plans for Wasilla continue to go along smoothly and on schedule and we anticipate selecting a general contractor by early March.

Charlie asked if anything came of the surprise State visit to the Residential Psychiatric Treatment Center. John responded that Bob Sheehan has responded in writing to some of the items.

New Business:

Debbie Coxon, President, turned the chair over to Judy Farnham, Vice President, for the first item of new business because the resolution to be considered directly impacted her, in her capacity as President of the Board of Directors.

1. Resolution FY09-02 Defend & Indemnify initiate

John provided an update regarding a current lawsuit related to a claim for overtime which initiated the need for Resolution FY09-02, and an explanation on what was intended to be achieved by the resolution and the impact to FCSA if the resolution was approved or not approved. Discussion followed.

Charlie Sparks motioned to approve Resolution FY09-02, seconded by Cathy Albright, and the motion was approved by unanimous consent with the exception of Debbie Coxon who abstained from voting.

John informed the Board that FCSA was looking into the cost of getting adequate insurance coverage for Board members and top management of FCSA to help assure that they would not be at personal financial risk for fulfilling their volunteer duties as Board members or staff when performing their routine job duties appropriately. Discussion followed.

Judy Farnham, Vice President, turned the chair over to Debbie Coxon, President.

FCSA Board of Directors Meeting**February 19, 2009****Page 4****2. Resolution FY09-03 Safety Deposit Box**

Kathy Cannone informed the Board that new safety deposit box cards needed to be completed to remove Ray Bronson and add Allison Benjamin and that per the policy of our current bank, Key bank this required a Board resolution.

Cathy Albright motioned to accept Resolution FY09-03 Safety Deposit Box to reflect current staff, seconded by Judy Farnham, and the motion was approved.

3. Executive Session

Charlie Sparks motioned to enter Executive Session to discuss a lawsuit related to a former FCSA employee at 6:15 pm, seconded by Judy Farnham, and the motion was approved.

Charlie Sparks motioned to exit Executive Session at 6:30 pm, seconded by Jo-Ann Grimaldi, and the motion was approved.

4. Charlie Sparks – Financial Review

Charlie presented a financial presentation to the Board inclusive of textbooks and an overhead presentation. The presentation focused on understanding financial reports and how to utilize the information included in those reports to assess the financial health of the organization both short-term and long-term.

Announcements: None**Next Meeting:** March 19, 2009**Adjournment:**

Charlie Sparks motioned to adjourn the meeting at 7:30 pm, seconded by Jo-Ann Grimaldi, and the motion was approved.

FCSA Board of Directors Meeting
February 19, 2009
Page 5

Respectfully submitted:



Cathy Albright
Secretary, Board of Directors
Family Centered Services of Alaska


John W. Regitano

Executive Director
Family Centered Services of Alaska



**FCSA Board of Directors Meeting
January 22, 2009**

Board Members Present

Judy Farnham
Cathy Albright
Charlie Sparks
Cory Borgeson
Jo-Ann Grimaldi
Kathy Kraft

Absentee Board Members

Debbie Coxon

Staff/Guest Present

John W. Regitano
Suszan Dale
Kimberly Paulsrud
Lonnie Hovde
Cindy M. Massingill

Vice - President Calls Meeting to Order:

Vice - President, Judy Farnham, calls the meeting to order: 5:35 pm.

Visitors:

None

Attendance:

Attendance was taken by Cindy M. Massingill

Approval of Agenda:

Charlie Sparks motioned to approve the agenda as amended (adding Accessibility Plan and Executive Session under New Business), seconded by Cathy Albright, and the motion was approved.

Approval of Minutes:

Charlie Sparks motioned to approve the minutes of December 18, 2008, seconded by Cathy Albright, and the motion was approved.

Old Business:

None

FCSA Board of Directors Meeting
January 22, 2009
Page 2

Director of Behavioral Health Services Report – Suszan Dale:

A written report was provided by Suszan Dale. Suszan added that there were two new admits scheduled for next week at TFH #7.

Financial Report – John W. Regitano:

The Financial Statement for November 2008 was prepared by Allison Benjamin who is Acting CFO while Kathy Cannone is on leave. Allison was unable to attend the meeting.

John informed the Board that overall the financial reports were good although there was a bit of a loss for the month of November. John noted that some operational adjustments to the Therapeutic Family Homes (TFH) program have been done which should result in an increase in revenue for the program. Also, the Medicaid rates increased in December and that should have a positive effect in the coming months.

Executive Director Report – John W. Regitano:

A written report was provided by John W. Regitano.

Charlie asked the status of the Dillingham project.

John responded that overall we feel good about the plan to use the home as a Foster Home both financially and programmatically. The proposed Foster Parents came to Fairbanks to discuss the project. John also noted:

- The Foster Home concept may work better for FCSA because it puts responsibility and incentive for containing costs onto the Foster Parents.
- FCSA would have a contract with the Foster Parents as we do with all of our foster homes and for this situation an additional rental agreement to use the home as long as FCSA contracted with them to provide foster care.
- FCSA would also allow the foster parents to use our vehicle.
- FCSA would pay for the home and vehicle insurance and pay \$600 per month towards heating fuel costs.
- The financial breakeven point would be two full time kids per year.

FCSA Board of Directors Meeting**January 22, 2009****Page 3**

- If it works in Dillingham we would consider trying the model in Fairbanks and Wasilla.
- Presently based on talks with the State it is unlikely they would be able to come through with funding for the project until fall 2009.

John informed the Board that in regards to lobbying this year we will hold off on any new major projects and focus on completing current projects.

John made the following information notes on the Discussion on the Boys and Girls Home of Alaska, Residential Psychiatric Treatment Center:

- The State did a surprise inspection of the facility; normally the State provides at least a two week notice that they will be inspecting your program.
- One of the suggestions made by the state was to cover the dining room windows with brown paper; to prevent gang members from shooting residents which they believed to be in a rival gang drove. The RPTC declined to accept this recommendation feeling that it was extremely low risk and/or unlikely.
- The State called the RPTC at 6:00 pm on a Friday and informed them that they could not admit clients because they did not have JCAHO accreditation.
- The scheduled JCAHO onsite review occurred the week following at the RPTC. The review was successful and the facility was accredited.

Charlie asked if it might be worthwhile to speak to a higher level supervisor with the State to discuss the difficulties.

Cory noted that he had the impression the Bob's manner was non confrontational and that he appeared to take the wait and see approach.

New Business:**1. Accessibility Plan**

John informed the Board that having an Accessibility Plan is a requirement of our CARF accreditation and we are required to review it annually. The review is conducted by Kimberly Paulsrud, Director of Quality Assurance.

Kimberly informed the Board that to meet CARF requirements it is necessary to look at architectural, environmental, attitudinal, employment, communication, and transportation and determine if there are any barriers to service. For this reporting period there were no barriers to service. In the past lack of sufficient space was noted as a barrier at our Residential Diagnostic Treatment Program (RDT). However, now that the YESS program has relocated, the RDT program was able to expand.

FCSA Board of Directors Meeting
January 22, 2009
Page 4

2. Executive Session

Cory Borgeson motioned to enter Executive Session to discuss litigation at 6:02 pm, seconded by Charlie Sparks, and the motion was approved.

Charlie Sparks motioned to exit Executive Session at 6:33 pm, seconded by Cory Borgeson, and the motion was approved.

Announcements: None

Next Meeting: February 19, 2009

Adjournment:

Kathy Kraft motioned to adjourn the meeting at 6:35 pm, seconded by Cory Borgeson, and the motion was approved.

Respectfully submitted:



Cathy Albright
Secretary, Board of Directors
Family Centered Services of Alaska


John W. Regitano
Executive Director
Family Centered Services of Alaska

Appendix G

Letters of Support

Board of Directors

Judy Binkley
Charlle Boddy, Chair
Cynthia Henry

Meg Nordale

Jeff Olson

David Paulsrud

Mary Sakakibara

Art Silva

Chris Simon

Richard C. Brown, Jr., M.D.
Medical Director

Robert P. Sheehan
President and CEO

MEMBER:
ALASKA BEHAVIORAL
HEALTH ASSOCIATION

NACBH
MEMBER NACBH


**ALLIANCE
FOR CHILDREN & FAMILIES**




NAPSEC

A subsidiary of
Boys and Girls Home
and Family Services, Inc.

3101 Lathrop Street
Fairbanks, AK 99701
Telephone 907.459.4700
Facsimile 907.459.4796
www.boysandgirlshome.com

April 16, 2009

To Whom It May Concern:

I am writing in support of the ATOP program, which has been a great success for children, adolescents, and their families in the Fairbanks community. Family Centered Services of Alaska has been able to keep children in their homes and the community because of this great program.

Many of these kids would have ended up in placement out of state, had not this program been available. This program not only has kept kids in the State, but most often has kept children in their own homes, while providing them and their families with a structure that addresses their emotional and behavioral issues. This program has become an essential part of the service delivery system for the Fairbanks community, and has not only helped in the children's behavioral and emotional needs, but has also been beneficial in meeting their educational needs as well.

The ATOP program is also an essential program that we depend upon when discharging a child from our level 5 program. Family Centered Services is an intricate part of our discharge planning, and the ATOP program has been important for kids leaving our program, as well as those coming from other level 5 programs either within the State or those coming back from treatment centers out of state.

The ATOP program is a great example of a creative program that has not only kept kids in the State, but has kept them in their own homes. We hope that the State will continue to fund this vital program, so collectively we can keep our children at home.

Sincerely


Robert P. Sheehan

Case 4:07-cv-00030-RRB Document 154-4 Filed 02/18/2010 Page 47 of 89

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF JUVENILE JUSTICE

Sarah Palin, GOVERNOR

FAIRBANKS YOUTH FACILITY/PROBATION
1502 WILBUR STREET
FAIRBANKS, ALASKA 99701-5758
PHONE: (907) 451-2150
FAX (907) 451-5132

John W. Regitano, Executive Director
Family Centered Services of Alaska
1825 Marika Road
Fairbanks, AK 99709

April 17, 2009

Dear John:

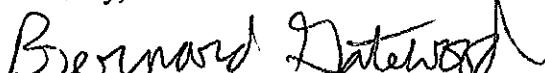
It has been brought to my attention that Family Centered Services of Alaska (FCSA) is seeking letters of support for a competitive grant proposal necessary for providing continued program services through the Alternatives to Out of State Placement (ATOP) and Youth Educational Support Services (YESS).

As you well know, our agencies have enjoyed a favorable and mutually beneficial relationship for a number of years. I have always appreciated the manner in which FCSA has attempted to provide an environment in which kids not only have a chance to survive but thrive.

It is definitely our intention to continue this relationship and provide referrals whenever appropriate, furthermore we believe it is in the best interest of the children that we serve that FCSA continue its mission to serve the children and families in the Northern Region with "unconditional care"

If you need to speak with me further please contact me at 907 451-2150.

Sincerely,


Bernard Gatewood, Superintendent
Fairbanks Youth Facility



April 8, 2009

John Regitano
Executive Director
Family Centered Services of Alaska
1825 Marika Road
Fairbanks, Alaska 99709

Dear John,

We understand that FCSA is submitting a grant proposal for program funding to the State of Alaska Department of Health and Social Services and documentation of significant working relationships is required to be included in your application. This letter is intended to provide documentation of our relationship and be included in your application.

Our organizations have had a good working relationship through the years with regard to providing services by either referring children diagnosed with mental illness to the services of Family Centered Services of Alaska or by utilizing Joel's Place as a healthy activity for children and youth in the Fairbanks community. We have always found this relationship valuable, and we believe in the best interest of the children. It is our intention to continue this relationship.

Sincerely,

A handwritten signature in black ink that reads "Linda Setterberg".

Linda Setterberg
Executive Director
Joel's Place

Appendix H

Memorandum of Agreement



MEMORANDUM OF AGREEMENT
Between
FAIRBANKS NATIVE ASSOCIATION
And
FAMILY CENTERED SERVICES OF ALASKA

This Memorandum of Agreement is to coordinate efforts between Fairbanks Native Association and Family Centered Services of Alaska in the provision of comprehensive services to mutual families and clients. The said agreement should enhance overall efficiency of service provision, allow for utilization between the respective agencies of their expertise, and ensure clear lines of communication that maintain a good understanding of each agency's mission and role within the community.

Fairbanks Native Association (FNA) agrees to:

- Accept referral from Family Centered Services of Alaska for any appropriate client who meets eligibility criteria and may benefit from FNA services.
- Provide services within the FNA Mission Statement, whenever possible.
- Increase awareness of services available in the community to mutual clients.
- Make referral to Family Centered Services of Alaska in accordance with procedures outlined by that agency.

Family Centered Services of Alaska (FCSA) agrees to:

- Accept referrals from FNA for any appropriate client who meets eligibility criteria and may benefit from FCSA services.
- Provide services within the FCSA Mission Statement, whenever possible.
- Increase awareness of services available in the community to mutual clients.
- Make referral to FNA in accordance with procedures outlined by that agency.

Both parties agree to:

- Adhere to all Federal, State, Local and agency regulations and policies concerning confidentiality, including HIPAA policy. Any information exchanged shall be used only for the purposes for which it was released and only upon completion of an appropriate release of information form signed by the client, and/or the client's parent or legal guardian.

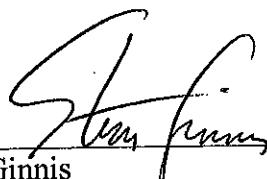
- Provide treatment and charge for services according to each agency's policies and fee schedule.
- Abide by the terms of this agreement from the date signed until termination, as specified below.

Civil Rights Assurance:

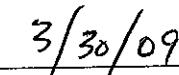
A person may not be deprived of services by Fairbanks Native Association or Family Centered Services of Alaska on the basis of race, color, nationality, religious or political belief, gender, age, country of origin or disability.

Duration and Termination of Agreement:

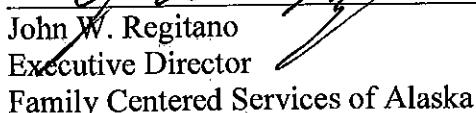
This agreement may be terminated at any time by either Fairbanks Native Association or Family Centered Services of Alaska upon notification of such intent in writing by either agency, providing thirty (30) days notice. This agreement is in effect until such time regulatory requirements or procedural changes warrant revision, at which time the agreement will be renegotiated. Revision may be submitted in writing for consideration at anytime during the period of this agreement.



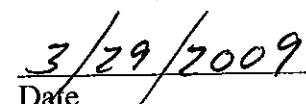
Steve Ginnis
Executive Director
Fairbanks Native Association



3/30/09
Date



John W. Regitano
Executive Director
Family Centered Services of Alaska



3/29/2009
Date

Memorandum of Agreement
Between
Tanana Chiefs Conference
And
Family Centered Services of Alaska (FCSA)

Tanana Chiefs Conference (TCC) is proposing to provide Psychiatric Emergency Services and Outpatient Services for Youth with Serious Emotional Disturbances to rural Alaska Natives living in the TCC region, and Adult Residential Substance Abuse Treatment Services, Outpatient Treatment for Adults with Serious Mental Illness and Adult Outpatient Substance Abuse Treatment to Alaska Natives living in the TCC region. This agreement outlines the roles and responsibilities of both TCC and FCSA in regards to these services for Alaska Natives within the region.

TCC Role: TCC will provide outpatient mental health services for Alaska Native SED youth within the TCC region. Services provided include:

- emergency response by an on-call clinician,
- crisis follow-up,
- ongoing behavioral health counseling and treatment,
- culturally responsive and integrated treatment.

FCSA Role: FCSA provides individualized mental health and substance abuse treatment, and education services to children, young adults, and their families in the least restrictive setting possible.

Within these roles, TCC agrees to:

1. Refer clients for services at FCSA when outside of the TCC service area or target population;
2. Accept client referrals from FCSA when appropriate;
3. Work to ensure seamless transitions between agencies throughout referral process;
4. Work together to transition youth into appropriate adult behavioral health programs as they "age out" of SED services;
5. Coordinate services for mutual clients to avoid duplication of efforts and ensure access of clients to all appropriate services;
6. Communicate with FCSA about the Fairbanks and regional behavioral health continuum of care; and
7. Adhere to all appropriate state and federal confidentiality regulations.

Within these roles, FCSA agrees to:

1. Refer clients for services at TCC when outside of the FCSA service area or target population;
2. Accept client referrals from TCC when appropriate;
3. Work to ensure seamless transitions between agencies throughout referral process;
4. Work together to transition youth into appropriate adult behavioral health programs as they "age out" of SED services;

5. Coordinate services for mutual clients to avoid duplication of efforts and ensure access of clients to all appropriate services;
6. Communicate with TCC about the Fairbanks and regional behavioral health continuum of care; and
7. Adhere to all appropriate state and federal confidentiality regulations.

This agreement may be modified by mutual consent of both parties and may be terminated by either party with thirty days written notice.

This agreement shall begin when executed by the signatories named below.

VBergstrom fwr

Victor Joseph, TCC Health Services Director

4/16/09

Date

Susan Dale Acting Sd

John Regitano, FCSA Executive Director

4-16-09

Date

209 Forty Mile Avenue, Suite #100 • Fairbanks • Alaska • 99701 • tel (907) 456-6445 • fax (907) 456-6402

**MEMORANDUM OF AGREEMENT
BETWEEN
PRESBYTERIAN HOSPITALITY HOUSE
AND
FAMILY CENTERED SERVICES OF ALASKA**

The intent of this Memorandum of Agreement is to coordinate efforts between Presbyterian Hospitality House and Family Centered Services of Alaska and allow for the cooperation needed to provide services to mutual clients.

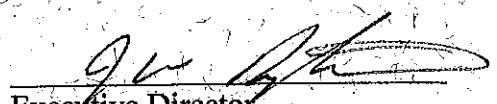
Family Centered Services of Alaska will, within its policy guidelines, accept referral from and collaborate with Presbyterian Hospitality House in family and individual service planning, assessment, or outpatient counseling when appropriate.

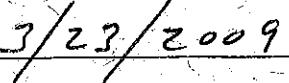
Presbyterian Hospitality House will, within its guidelines, collaborate to provide residential services, in-patient counseling and aftercare.

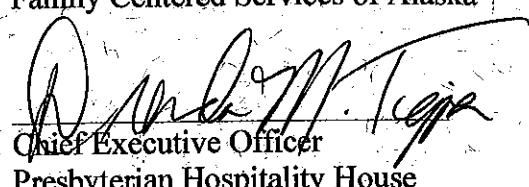
Referral will be made in accordance with procedures outlined by each agency. Both agencies agree to increase awareness of services available to mutual clients.

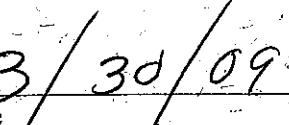
Both agencies agree to respect client confidentiality in accordance with Federal and State confidentiality mandates and regulations. The information exchanged shall be used only for the purposes for which it was released and only upon an appropriate release of information form signed by the client, client's parent or guardian.

This agreement may be altered or terminated by either agency upon presentation of a written request to the other agency. This agreement is effective with the signature dates below.


Executive Director
Family Centered Services of Alaska


Date


Chief Executive Officer
Presbyterian Hospitality House


Date



A Member of the



**Memorandum of Agreement
between
Family Centered Services of Alaska
and Alaska Center for Resource Families**

RECEIVED
APR 06 2009
D

Family Centered Services of Alaska and Alaska Center for Resource Families, hereby agree to a partnership in the provision of services for resource families (foster parents, adoptive parents, guardians and relative caregivers) raising children in Alaska. Referrals will be made in accordance with procedures outlined by each party.

Family Centered Services of Alaska agrees to:

1. Refer clients who are resource families, parenting Alaskan children to Alaska Center for Resource Families, as appropriate, for training, information, and support.
2. Accept referrals, as appropriate, for clients who would benefit from services.
3. Provide updated program information as it arises to Alaska Center for Resource Families.

Alaska Center for Resource Families agrees to:

1. Accept referrals for resource families raising Alaskan children, as appropriate.
2. Refer clients, as appropriate, who may benefit from services to Family Centered Services of Alaska.
3. Provide updated program information as it arises to Family Centered Services of Alaska.

Civil Rights Assurance:

A person may not be deprived of services by Alaska Center for Resource Families on the basis of race, color, nationality, religious or political belief, gender, age, country or origin, or disability.

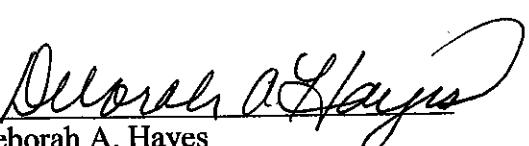
Both parties agree to:

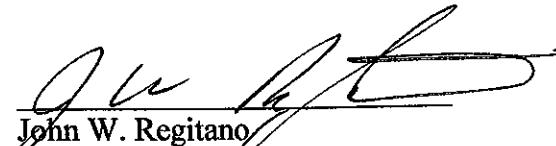
Adhere to all Federal, State, Local and agency regulations and policies concerning confidentiality, including HIPAA policy. Any information exchanged shall be used only for the purposes for which it was released and only upon completion of an appropriate release of information form signed by the client, and/or the client's parent or legal guardian.

The terms of this agreement shall be effective two years from the date signed by both parties. It may be terminated by either party upon presentation of written request.

Dated this 2nd day of April 2009

Dated this 27th day of March 2009


Deborah A. Hayes
Director
Alaska Center for Resource Families


John W. Regitano
Executive Director
Family Centered Services of Alaska


Family CENTERED SERVICES OF ALASKA, INC.

MEMORANDUM OF AGREEMENT
Between
JOEL'S PLACE
And
FAMILY CENTERED SERVICES OF ALASKA

This Memorandum of Agreement is to coordinate efforts between Joel's Place and Family Centered Services of Alaska in the provision of comprehensive services to mutual families and clients. The said agreement should enhance overall efficiency of service provision, allow for utilization between the respective agencies of their expertise, and ensure clear lines of communication that maintain a good understanding of each agency's mission and role within the community.

Joel's Place agrees to:

- Accept referral from Family Centered Services of Alaska for any appropriate client who meets eligibility criteria and may benefit from Joel's Place services.
- Provide services within the Joel's Place Mission Statement, whenever possible.
- Increase awareness of services available in the community to mutual clients.
- Make referral to Family Centered Services of Alaska in accordance with procedures outlined by that agency.

Family Centered Services of Alaska (FCSA) agrees to:

- Accept referrals from Joel's Place for any appropriate client who meets eligibility criteria and may benefit from FCSA services.
- Provide services within the FCSA Mission Statement, whenever possible.
- Increase awareness of services available in the community to mutual clients.
- Make referral to Joel's Place in accordance with procedures outlined by that agency.

Both parties agree to:

- Adhere to all Federal, State, Local and agency regulations and policies concerning confidentiality, including HIPAA policy. Any information exchanged shall be used only for the purposes for which it was released and only upon completion of an appropriate release of information form signed by the client, and/or the client's parent or legal guardian.

- Provide treatment and charge for services according to each agency's policies and fee schedule.
- Abide by the terms of this agreement from the date signed until termination, as specified below.

Civil Rights Assurance:

A person may not be deprived of services by Joel's Place or Family Centered Services of Alaska on the basis of race, color, nationality, religious or political belief, gender, age, country of origin or disability.

Duration and Termination of Agreement:

This agreement may be terminated at any time by either Joel's Place or Family Centered Services of Alaska upon notification of such intent in writing by either agency, providing thirty (30) days notice. This agreement is in effect until such time regulatory requirements or procedural changes warrant revision, at which time the agreement will be renegotiated. Revision may be submitted in writing for consideration at anytime during the period of this agreement.

Linda Setterberg
Linda Setterberg
Executive Director
Joel's Place

4/14/09
Date

Susan Dale Acting Ex.
John W. Regiano
Executive Director
Family Centered Services of Alaska

4-22-09
Date



MEMORANDUM OF AGREEMENT
Between
FAIRBANKS COMMUNITY BEHAVIORAL HEALTH CENTER
And
FAMILY CENTERED SERVICES OF ALASKA

This Memorandum of Agreement is to coordinate efforts between Fairbanks Community Behavioral Health Center and Family Centered Services of Alaska in the provision of comprehensive services to mutual families and clients. The said agreement should enhance overall efficiency of service provision, allow for utilization between the respective agencies of their expertise, and ensure clear lines of communication that maintain a good understanding of each agency's mission and role within the community.

Fairbanks Community Behavioral Health Center (FCBH) agrees to:

- Accept referral from Family Centered Services of Alaska for any appropriate client who meets eligibility criteria and may benefit from FCBH services.
- Provide services within the FCBH Mission Statement, whenever possible.
- Increase awareness of services available in the community to mutual clients.
- Make referral to Family Centered Services of Alaska in accordance with procedures outlined by that agency.

Family Centered Services of Alaska (FCSA) agrees to:

- Accept referrals from FCBH for any appropriate client who meets eligibility criteria and may benefit from FCSA services.
- Provide services within the FCSA Mission Statement, whenever possible.
- Increase awareness of services available in the community to mutual clients.
- Make referral to FCBH in accordance with procedures outlined by that agency.

Both parties agree to:

- Adhere to all Federal, State, Local and agency regulations and policies concerning confidentiality, including HIPAA policy. Any information exchanged shall be used only for the purposes for which it was released and only upon completion of an appropriate release of information form signed by the client, and/or the client's parent or legal guardian.

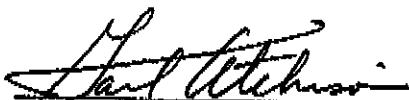
- Provide treatment and charge for services according to each agency's policies and fee schedule.
- Abide by the terms of this agreement from the date signed until termination, as specified below.

Civil Rights Assurance:

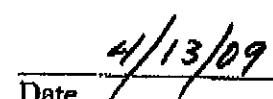
A person may not be deprived of services by Fairbanks Community Behavioral Health Center or Family Centered Services of Alaska on the basis of race, color, nationality, religious or political belief, gender, age, country of origin or disability.

Duration and Termination of Agreement:

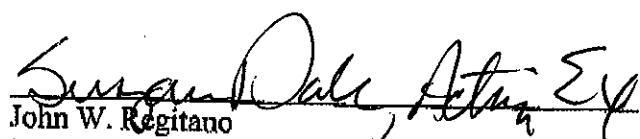
This agreement may be terminated at any time by either Fairbanks Community Behavioral Health Center or Family Centered Services of Alaska upon notification of such intent in writing by either agency, providing thirty (30) days notice. This agreement is in effect until such time regulatory requirements or procedural changes warrant revision, at which time the agreement will be renegotiated. Revision may be submitted in writing for consideration at anytime during the period of this agreement.



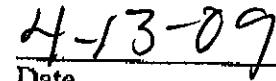
Gail Atchison
Executive Director
Fairbanks Community Behavioral Health Center


4/13/09

Date



John W. Regitano
Executive Director
Family Centered Services of Alaska


4-13-09

Date

FAIRBANKS RESOURCE AGENCY

805 AIRPORT WAY • FAIRBANKS, ALASKA 99701 • (907) 456-8901 • FAX 452-5171

MEMORANDUM OF AGREEMENT

between

FAMILY CENTERED SERVICES OF ALASKA

and

FAIRBANKS RESOURCE AGENCY

The purpose of this agreement is to provide comprehensive and coordinated services to families who are served mutually by Family Centered Services of Alaska (FCSA) and Fairbanks Resource Agency (FRA).

Referrals

FCSA will refer consumers to FRA as needed and requested by families. FRA will refer families to FCSA whose needs may be met by FCSA services. FCSA, within its policy guidelines, will accept referrals from FRA.

Confidentiality

Each agency agrees to respect client confidentiality in accordance with Federal and State confidentiality mandates and regulations, including HIPAA policy. The information exchanged shall be used only for the purposes for which it was released and only upon an appropriate release of information form signed by the family.

Collaboration and Training

FCSA and FRA agree to share information about training opportunities appropriate to each agency. Both agree to provide and participate in cross-training of staff when appropriate and mutually agreed upon in advance. Staff of both agencies will participate in collaborative team meetings and case coordination as needed, relevant and pertinent to mutual provision of services.

This agreement may be altered or terminated by either agency upon presentation of a written request. This agreement is effective with the signature and dates below.

Susan Dall, Categ
John Regitano Date *ED*
Executive Director *4-23-09*
Family Centered Services of Alaska

Emily F Ennis 4/20/09
Emily F Ennis Date
Executive Director
Fairbanks Resource Agency

Appendix I

Special Commitments Fairbanks School District Contract

CONTRACT FOR SERVICES YOUTH EDUCATION SUPPORT SERVICES (YESS)

This agreement is effective July 1, 2008, and is between the Fairbanks North Star Borough School District, 520 Fifth Ave., Fairbanks, Alaska 99707 hereinafter referred to as "FNSBSD" or "School District" and Family Centered Services of Alaska, Inc., an Alaska non-profit corporation, 1825 Marika Road, Fairbanks, AK 99709, hereinafter referred to as "FCSA" or "Contractor"

In consideration of the promises and mutual covenants and agreements herein contained, the parties agree as follows:

1. Scope of Work.

Subject to the terms and conditions hereinafter provided, FNSBSD engages Contractor for the furnishing of services specifically described in Exhibit "A," "Statement of Work," which is hereby incorporated by reference, and for such other tasks as may be mutually agreed upon in writing between FCSA and FNSBSD.

2. Term

- A. The services called for under this agreement shall cover a twelve month period beginning July 1, 2008 and ending June 30, 2009
- B. The FNSBSD may, if agreed upon by the parties in writing, extend this contract to cover a summer school program for the summer of 2009 with the same terms as set forth herein to apply. The contract payment amount for the summer school program shall be negotiated between the parties.

3. Consideration and Payment

- A. As consideration for such services provided in Exhibit "A", the FNSBSD agrees to pay contractor an amount not to exceed \$ 225,000.
- B. Contractor will be paid in twelve equal monthly payments beginning in July 2008, upon receipt of monthly invoice. Payments shall be mailed to Contractor within twenty (20) days after receipt of the monthly invoice.
- C. In addition, the FNSBSD shall pay up to \$1,200.00 per year to reimburse Contractor for costs associated with gymnasium rental used in the fulfillment of this agreement.
- D. Payments shall be mailed to Contractor within twenty (20) days after receipt of the monthly invoice with copy of underlying invoice from gymnasium owner.

4. Duty of Contractor

The Contractor shall notify its employees, agents and officers of the obligations and services set forth in this contract.

5. Applicable Law

Any controversy or claim arising out of or relating to this Contract shall be governed by the law of the State of Alaska. Any litigation under this Contract shall be brought in a court of competent jurisdiction in the State of Alaska, Fourth Judicial District. Pending the resolution of any dispute, the Contractor shall proceed as directed by FNSBSD in writing.

6. Assignment

This Contract is for personal services and shall not be transferred or assigned by the Contractor without prior written consent of FNSBSD.

7. Confidential Matters

The School District and Contractor shall keep in strictest confidence all information relating to this Contract which may be acquired in connection with or as a result of this Contract. During the term of this Contract and at any time thereafter, without the prior written consent of the either party, neither the School District nor Contractor shall publish, communicate, divulge, disclose, or use any of such information except to attorneys, accountants, governing bodies or disclosures required by law.

8. Conflict of Interest

The Contractor shall not act as a sales agent, or in a liaison capacity as an officer, employee, agent, or representative of any FNSBSD supplier or prospective supplier without the prior written approval of FNSBSD. Contractor shall advise FNSBSD if a conflict of interest arises in the future. If applicable, the Contractor certifies that the services to be performed under this Contract shall not result in a conflict of interest prohibited by the FNSBSD Board of Education Policy, a copy of which is attached hereto.

9. General Relationship

In all matters relating to this Contract, the Contractor shall be acting as an independent contractor. Neither the Contractor nor employees of the Contractor are employees of FNSBSD under the meaning or application of any federal or state unemployment or insurance laws or worker's compensation laws, or otherwise. The Contractor shall assume all liabilities or obligations imposed by any one or more of such laws with respect to employees of the Contractor in the performance of this Contract. The School District shall not have the authority to supervise the employees or representatives of FCSA and accomplishing the services to be

provided hereunder shall be under the supervision and control of FCSA. The Contractor shall not have any authority to assume or create any obligation, express or implied, on behalf of FNSBSD and the Contractor shall have no authority to represent itself as an agent, employee, or in any other capacity of FNSBSD.

10. Notices

Any notice required to be given hereunder shall be deemed to have been sufficiently given either when served personally or when sent by first-class mail addressed to the parties at the addresses set forth in this Contract. Ordinary first-class mail will be used for the mailing to the Contractor of copies of office actions and amendments.

11. Reports

The Contractor, when directed, shall provide written reports with respect to the services rendered hereunder.

12. Safety and Security Regulations

The Contractor shall comply with all applicable FNSBSD security and safety regulations, copies of which are attached to this contract. If the Contractor renders services at any FNSBSD facility, the Contractor shall not remove any FNSBSD property or proprietary information therefrom. The Contractor shall comply with all applicable safety regulations.

13. Superseding Effect

This Contract supersedes all prior oral or written agreements, if any, between the parties, and constitutes the entire agreement between the parties.

14. Default

A. Events of Default

The following shall be events of default under this Agreement:

- 1). If the School District shall fail to pay or cause to be paid any sums due to the FCSA for a period of five (5) business days after the due date as set forth in Paragraph 3B above.
- 2). If FCSA shall file a voluntary petition for bankruptcy or shall be adjudicated bankrupt or insolvent, or shall file any petition or any answer seeking or acquiescing in any reorganization, arrangement, composition, adjustment, liquidation, dissolution, or similar relief for itself under any federal, state, or local statute, law, or regulation, or shall seek, consent to, or acquiesce in the appointment of trustee, receiver, or liquidator of School District, or shall make any general assignment for the benefit of creditors, or shall admit in writing its inability to pay its debts generally as they become due;
- 3). Contravention of Paragraph 6 hereof prohibiting assignment of this

agreement, in whole or in part whether by operation of law or otherwise without the consent of the School District;

4). Failure by either party to perform any covenant, provision, term, restriction, or condition required to be performed under the terms of this Agreement or imposed as a matter of law, other than those specified in the preceding items 1) through 3).

B. Curing Default

1) In the event of default under 1), 3), or 4), under section A above, the Defaulting Party shall give the other Party notice of default, specifying the grounds thereof including the provision of the agreement that has been violated. The Defaulting Party shall have thirty (30) calendar days after the effective date of such notice to cure such default; provided, however, if such default cannot reasonably be cured within 30 days, the Defaulting Party shall be deemed to have cured such default if it begins cure within such period and thereafter diligently pursues such cure to completion.

2) Notwithstanding section B 1 above, if the breach is such that a student or students' health or welfare are put into significant jeopardy, the non-defaulting party may immediately terminate this contract upon written notice to the defaulting party.

15. Termination of Agreement

A. If the Event of Default under 14.A. 2) occurs or if any other Event of Default remains uncured after the applicable cure period, then in such event and as the same occurs, the School District or FCSA as the case may be, may, at its option, terminate this Agreement by delivering written notice to the Defaulting Party. As soon as possible after the receipt of the written notice of termination has been received by the Defaulting Party, the School District and FCSA shall meet to coordinate the return of all FCSA's responsibilities under this agreement to the School District. Termination shall not preclude any party from exercising every other remedy provided herein or at law, it being the intention of the parties that a parties' remedies shall be cumulative and shall survive termination of this Agreement.

B. Both parties reserve the right to cancel this contract, in whole or in part, upon 60 days written notice to the other party.

16. Compliance with Laws

A. The Contractor shall comply with all applicable Federal and State laws and local ordinances, including but not limited to, all regulations issued thereunder by the Federal and State governments, and all requirements as set forth in the Alaska

State Special Education Handbook. The contractor agrees to indemnify and hold harmless the School District from and against any and all liability or direct consequential damage, including but not limited to, any fines, penalties, or other corrective measures the School District may suffer resulting from any violation by the contractor of such Acts.

B. The Contractor agrees to perform its obligations under this contract in a nondiscriminatory manner. The Contractor shall not discriminate against anyone based on race, religion, color, national origin, gender or disability. When applicable, the Contractor shall also comply with the Americans with Disabilities Act of 1990.

17. Insurance

Before commencing work, Contractor shall procure and maintain insurance of the kinds and limits enumerated hereunder, and on terms and with an insurance carrier satisfactory to the FNSBSD. Certificates of such insurance shall set forth the following:

A. **LIMITS.** The contractor shall obtain insurance for not less than the following limits:

- i. Commercial general liability: \$1,000,000 limit
- ii. Comprehensive automotive liability: \$1,000,000 combined single limit
- iii. Workers compensation: \$100,000 each accident, \$500,000 disease-policy limit, and \$100,000 disease-each employee.

B. **AUTOMOBILES.** The following coverage's automatically qualify:

- i. All autos or
- ii. All owned, non-owned, and hired autos.

Automobile liability insurance for scheduled autos only may or may not be acceptable. If the contractor submits insurance covering only scheduled autos, then

1. The insurance coverage must also include all non-owned autos.
2. The contractor must provide a copy of the scheduled vehicles, and
3. The contractor must assure the School District in writing that any additional vehicles are covered by liability insurance at the required

limits before the vehicles are used for work under this agreement.

- C. **WORKER COMPENSATION.** The contractor understands that all employees must be covered by worker compensation insurance during the term of the contract with the School District.
- D. **ALTERNATE COVERAGE.** A combination of primary and excess/umbrella policies may be used to fulfill the insurance requirements of the section.
- E. **ADDITIONAL INSURED.** The School District must be listed as an additional insured in the contractor's commercial general liability policy.
- F. **CERTIFICATE OF INSURANCE.** Before starting work, the contractor will provide a certificate of insurance in a form acceptable to the School District showing that the contractor has the required insurance coverage.
- G. **CANCELLATION.** The School District must receive notice if the contractor's insurance is going to be canceled, not renewed, or changed in some important way. The certificate of insurance must say that the insurer will notify the School District at least 30 days before the insurer cancels, refuses to renew, or materially changes the coverage.
- H. **INCREASED COVERAGE.** During the contract term, the School District might require higher limits of insurance than those listed in this section. If the School District requires such insurance, and the insurer raises its premium as a result of higher limits, then the School District will pay the contractor the difference between the old and the new premiums.
- I. **NAME.** Certificates of Insurance shall be issued to:
Fairbanks North Star Borough School District
520 Fifth Avenue
Fairbanks, AK 99701
- J. **PAYMENT.** The contractor agrees to pay for the insurance specified and agrees to provide the School District with a 30 days notice of cancellation if non-renewal occurs during the contract period.
- 18. **Indemnity** Contractor shall indemnify, defend, and hold harmless the FNSBSD, its agent, servants or employees, against any and all claims, demands, losses, reimbursements, costs, penalties and expenses arising out of the Contractor's performance of this agreement except for those caused solely by the FNSBSD's own negligence.

19. **Amendments** This agreement may not be added to, modified, or changed in any way except by mutual written agreement signed by both parties.
20. **No Waiver** The failure of the FNSBSD or FCSA to insist upon the performance of any of the terms and conditions of this agreement or the waiver of any breach of any of the terms and conditions of this agreement, shall not be construed as thereafter waiving any such terms and conditions.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be executed.

By Michael J. Fisher 6/26/08
Mike Fisher, Chief Financial Officer
Fairbanks North Star Borough School District Date

By Danny Frazier 6/27/08
Danny Frazier, Director of Special Education
Fairbanks North Star Borough School District Date

By Nancy Wagner 6-26-08
Nancy Wagner, Superintendent of Schools
Fairbanks North Star Borough School District Date

By John Regitano 6/24/08
John Regitano, Executive Director
Family Centered Services of Alaska Inc. Date

EXHIBIT A
STATEMENT OF WORK
YOUTH EDUCATIONAL SUPPORT SERVICES (YESS)
FY2008-2009

I. YESS Placement

A. Family Centered Services of Alaska Inc. (FCSA) agrees to provide on-going Youth Educational Support Services (YESS) for up to 21 students classified as emotionally disturbed, when placed by the Fairbanks North Star Borough School District (FNSBSD) Individual Education Plan (IEP) team.

B Transition Meeting:

Prior to placement in the YESS Program, or as soon thereafter as is practical, the School District will schedule a transition meeting with YESS staff and the student's parent/guardian (hereinafter collectively referred to as "parents") If a transition meeting cannot be held prior to placement, the School District and FCSA staff shall meet or call to exchange and discuss relevant and critical information including a signed permission from the parent for placement. Attached as Exhibit B is the form to be completed by the School District at time of placement.

At the transition meeting the following will occur:

- YESS will accept the referred student for a 20 day assessment period to determine eligibility for the YESS Program (which will occur with the initial seven days of the assessment period) and to assess the child's ongoing educational and mental health needs..
- The parent shall consent in writing to the 20 day assessment at YESS on a form approved by FCSA.
- An assessment meeting will be scheduled with the parent. The assessment meeting must occur within five calendar days of the student's first day of attendance at YESS. The School District shall provide documentation justifying the placement in YESS within five calendar days of placement.
- FNSBSD will provide YESS with the completed "green file" including an active IEP.
- The "sending teacher" will provide school work during the 20 day assessment period.
- The FNSBSD Coordinator of ED Services shall arrange transportation to and from the YESS facility during the transition period.
- An IEP meeting to review the student's eligibility for the YESS Program will be scheduled to be held within 20 days of this transition meeting.

C. Assessment period:

- Within seven days of start of services at YESS, a mental health clinician provided by FCSA will complete a clinical intake assessment and develop a temporary individualized service plan with mental health goals based on the clinician's assessment. This temporary Individualized service plan must be signed by the parent, student, FCSA clinician, and special education teacher.
- The student and parent must be interviewed during the clinical intake assessment.
- The IEP team will meet within the 20 day assessment period to discuss the student's eligibility for Day Treatment services. The YESS special education teacher will contact the school district coordinator for emotionally disturbed student (ED) services. The School District coordinator will contact all appropriate IEP team members, including the parents, to coordinate the meeting.
- The YESS special education teacher will be responsible for initiating an addendum identifying changes to the IEP, including admission to the YESS Program, if appropriate.
- The IEP team will be convened and the addendum will be developed, and signed along with a mental health individualized service plan. The YESS special education teacher will be responsible for delivering the completed IEP to the School District's Department of Special Education within 5 days of the IEP meeting.
- Non Eligible students: If the student is not eligible for services within the YESS Program and the IEP team believes that it is in the best interest of the child to continue attendance at YESS, then FCSA's Director of Services will contact DMHDD for approval for child to remain at YESS. If that permission is not received, then the student will transfer to the School District. The student will remain at YESS during the interim.

II. Transitions from the YESS Program

A. Transition from YESS

- The YESS program coordinator will notify the School District's Director of Special Education in writing when a student is being considered for transition from the YESS Program.
- The School District's Director of Special Education will be responsible for scheduling the IEP meeting within 2 weeks of receipt of the written notification to discuss the potential transition. The Director of Special Education will be responsible for contacting all IEP team members.
- As with all decisions regarding students receiving special education services, the IEP Team will make the final decision regarding the least restrictive placement. If in the determination of FCSA a student is no longer eligible for the YESS Program

services, continued placement within the YESS Program must be approved by DMHDD.

B. Length of Placement:

- YESS treatment plans are required to project a potential discharge date for all children in services. The students' progress will be assessed by the YESS Program treatment team on a quarterly basis to determine readiness for transition. An annual review by the IEP Team of each student's IEP will be held during the final three months of each school year. At the annual review meeting, the FNSBSD Director of Special Education or Coordinator of ED Services and the FCSA Director of Child and Family Services shall meet and confer concerning students who have been in YESS for one year and do not have a clear plan of transitioning to a less restrictive placement.

III. Emergency Placement in the YESS Program

- A student may be placed in the YESS Program on an emergency basis. Both parties agree that emergency placements are unusual circumstances whose occurrence is significantly less than that of students entering YESS through the regular protocol. Examples of emergency placement are children returning from out of state placement with little or no notice to the School District, children returning to the community from a secure facility and children being placed in the community by child protection agencies due to behavioral problems. Coordination for emergency Placement will be made by the School District's Director of Special Education to the FCSA Director of Child and Family Services. FCSA shall accept the student for a 20 day assessment to determine eligibility for services. The School District and FCSA staff shall meet or call to exchange and discuss relevant and critical information including a signed permission from the parent, guardian or social worker for placement.
- The School District's Director of Special Education or Coordinator of ED Services will provide whatever paperwork is available at the time of placement and thereafter furnish FCSA subsequently acquired paperwork upon receipt. A student may not attend YESS until the parent /legal guardian has provided written approval for their child to receive an assessment and participate in Day Treatment and has scheduled an assessment meeting to be held within five days of the student's first day of attendance. The parent/guardian must be available for face to face meeting for the assessment, If the parent/guardian does not reside in Fairbanks, a teleconference will suffice.

- C. The School District's Coordinator of ED Services will arrange transportation for the student.
- D. Clinical Intake Assessment: The assessment will be completed by the YESS clinician within seven days of the start of services. The student and or parent/guardian must be interviewed during this assessment. Others such as the students' former teacher, may be interviewed as well.

The development of mental health goals, after the assessment is completed, will follow the same process as listed in 1-C above. A follow up meeting to discuss placement will follow the same process as listed in 1-C and 1-D above.

IV. Reports, Paper work and Evaluation

- A. The YESS special education teacher will provide the FNSBSD department of Special Education with a monthly attendance report and a quarterly progress report based on each student's IEP goals. The quarterly progress report will include the dates of participation in mental health services at YESS.
- B. FNSBSD, FCSA, and DMHDD have developed a program evaluation tool to assess students progress and student/parent satisfaction with services. This evaluation tool will be periodically re-evaluated.
- C. The School District's Director of Special Education or designee will monitor enrollment paperwork for students placed in the YESS Program.
- D. With the exception of Medicaid required paperwork including clinical intake assessments, progress notes used for billing purposes, psychological and psychiatric evaluations and any other paperwork required by DMHDD and the state Medicaid program, reports, records and paperwork concerning students placed in the YESS program by the School District, whether prepared by the School District or FCSA, are the property of the School District and shall be turned over to the School District when the student transitions from YESS or at the end of the contract period whichever is sooner. The School District Director of Special Education or designee shall have the right to inspect at any time during working hours, the educational reports, records or paperwork concerning a student placed in the YESS program by the School District. The School District will provide FCSA with reasonable notice whenever possible prior to a request to review files.

V. State and District Mandated Testing

Students enrolled in the YESS program will comply with State and School District mandated testing which includes: Benchmark Tests for grades 3, 6, and 8; High

School Graduation Qualifying Exam beginning with students in 10th grade; California Achievement Test for grades 2, 4, 5, 7, and 9. The YES Special Education teacher will coordinate with the FNSBSD Director of Special Education to schedule these tests. In the event that the name or type of test change, YES's obligation to comply with this section will not be affected.

Student's IEP's will be written to reflect appropriate testing accommodations.

VI. Special Education Teacher Qualifications

The YES program will employ at least one special education teacher who holds Alaska certification to teach students with emotional disturbance. The special education teacher will participate in school district professional development activities which relate to special education rules and regulations, IEP development etc. The School District agrees to provide advance reasonable notice to FCSA's special education teacher of the school district professional development activities. The YES program will have on staff at least one full-time masters level therapist to address therapeutic needs of the students.

VII. Meetings

FNSBSD and FCSA staff will meet as often as needed to ensure a smooth delivery of services to children and families. The FCSA Director of Services and the School District Director of Special Education or Assistant Superintendent will meet no less than quarterly. The meetings will be scheduled by the School District. The School District will provide written notification of scheduled meetings to FCSA's Director of Child and Family Services. All cancellations of this meeting by either party will be provided in writing. Student IEP meetings shall not be considered to fulfill this obligation.

CONTRACT FOR SERVICES ELEMENTARY SCHOOL AGE CHILDREN (ELEM YESS)

This agreement is effective July 1, 2008, and is between the Fairbanks North Star Borough School District, 520 Fifth Ave., Fairbanks, Alaska 99707 hereinafter referred to as "FNSBSD" or "School District" and Family Centered Services of Alaska, Inc., an Alaska non-profit corporation, 1825 Marika Road Fairbanks, AK 99709, hereinafter referred to as "FCSA" or "Contractor"

In consideration of the promises and mutual covenants and agreements herein contained, the parties agree as follows:

1. Scope of Work.

Subject to the terms and conditions hereinafter provided, FNSBSD engages Contractor for the furnishing of services specifically described in Exhibit "A," "Statement of Work," which is hereby incorporated by reference, and for such other tasks as may be mutually agreed upon in writing between FCSA and FNSBSD.

2. Term

- A. The services called for under this agreement shall cover a twelve month period beginning July 1, 2008 and ending June 30, 2009
- B. The FNSBSD may, if agreed upon by the parties in writing, extend this contract to cover a summer school program for the summer of 2009 with the same terms as set forth herein to apply. The contract payment amount for the summer school program shall be negotiated between the parties.

3. Consideration and Payment

- A. As consideration for such services provided in Exhibit "A", the FNSBSD agrees to pay contractor an amount not to exceed \$ 235,000.
- B. Contractor will be paid in twelve equal monthly payments beginning in July 2008, upon receipt of monthly invoice. Payments shall be mailed to Contractor within twenty (20) days after receipt of the monthly invoice.

4. Duty of Contractor

The Contractor shall notify its employees, agents and officers of the obligations and services set forth in this contract.

5. Applicable Law

Any controversy or claim arising out of or relating to this Contract shall be governed by the law of the State of Alaska. Any litigation under this Contract shall be brought in a court of competent jurisdiction in the State of Alaska, Fourth Judicial District. Pending the resolution of any dispute, the Contractor shall proceed as directed by FNSBSD in writing.

6. Assignment

This Contract is for personal services and shall not be transferred or assigned by the Contractor without prior written consent of FNSBSD.

7. Confidential Matters

The School District and Contractor shall keep in strictest confidence all information relating to this Contract which may be acquired in connection with or as a result of this Contract. During the term of this Contract and at any time thereafter, without the prior written consent of the either party, neither the School District nor Contractor shall publish, communicate, divulge, disclose, or use any of such information except to attorneys, accountants, governing bodies or disclosures required by law.

8. Conflict of Interest

The Contractor shall not act as a sales agent, or in a liaison capacity as an officer, employee, agent, or representative of any FNSBSD supplier or prospective supplier without the prior written approval of FNSBSD. Contractor shall advise FNSBSD if a conflict of interest arises in the future. If applicable, the Contractor certifies that the services to be performed under this Contract shall not result in a conflict of interest prohibited by the FNSBSD Board of Education Policy, a copy of which is attached hereto.

9. General Relationship

In all matters relating to this Contract, the Contractor shall be acting as an independent contractor. Neither the Contractor nor employees of the Contractor are employees of FNSBSD under the meaning or application of any federal or state unemployment or insurance laws or worker's compensation laws, or otherwise. The Contractor shall assume all liabilities or obligations imposed by any one or more of such laws with respect to employees of the Contractor in the performance of this Contract. The School District shall not have the authority to supervise the employees or representatives of FCSA and accomplishing the services to be provided hereunder shall be under the supervision and control of FCSA. The Contractor shall not have any authority to assume or create any obligation, express or implied, on behalf of FNSBSD and the Contractor shall have no authority to represent itself as an agent, employee, or in any other capacity of FNSBSD.

10. Notices

Any notice required to be given hereunder shall be deemed to have been sufficiently given either when served personally or when sent by first-class mail addressed to the parties at the addresses set forth in this Contract. Ordinary first-class mail will be used for the mailing to the Contractor of copies of office actions and amendments.

11. Reports

The Contractor, when directed, shall provide written reports with respect to the services rendered hereunder.

12. Safety and Security Regulations

The Contractor shall comply with all applicable FNSBSD security and safety regulations, copies of which are attached to this contract. If the Contractor renders services at any FNSBSD facility, the Contractor shall not remove any FNSBSD property or proprietary information therefrom. The Contractor shall comply with all applicable safety regulations.

13. Superseding Effect

This Contract supersedes all prior oral or written agreements, if any, between the parties, and constitutes the entire agreement between the parties.

14. Default

A. Events of Default

The following shall be events of default under this Agreement:

- 1). If the School District shall fail to pay or cause to be paid any sums due to the FCSA for a period of five (5) business days after the due date as set forth in Paragraph 3B above.
- 2). If FCSA shall file a voluntary petition for bankruptcy or shall be adjudicated bankrupt or insolvent, or shall file any petition or any answer seeking or acquiescing in any reorganization, arrangement, composition, adjustment, liquidation, dissolution, or similar relief for itself under any federal, state, or local statute, law, or regulation, or shall seek, consent to, or acquiesce in the appointment of trustee, receiver, or liquidator of School District, or shall make any general assignment for the benefit of creditors, or shall admit in writing its inability to pay its debts generally as they become due;
- 3). Contravention of Paragraph 6 hereof prohibiting assignment of this agreement, in whole or in part whether by operation of law or otherwise without the consent of the School District;
- 4). Failure by either party to perform any covenant, provision, term, restriction, or condition required to be performed under the terms of this Agreement or

imposed as a matter of law, other than those specified in the preceding items 1) through 3).

B. Curing Default

- 1) In the event of default under 1), 3), or 4), under section A above, the Defaulting Party shall give the other Party notice of default, specifying the grounds thereof including the provision of the agreement that has been violated. The Defaulting Party shall have thirty (30) calendar days after the effective date of such notice to cure such default; provided, however, if such default cannot reasonably be cured within 30 days, the Defaulting Party shall be deemed to have cured such default if it begins cure within such period and thereafter diligently pursues such cure to completion.
- 2) Notwithstanding section B 1 above, if the breach is such that a student or students' health or welfare are put into significant jeopardy, the non-defaulting party may immediately terminate this contract upon written notice to the defaulting party.

15. Termination of Agreement

- A. If the Event of Default under 14.A. 2) occurs or if any other Event of Default remains uncured after the applicable cure period, then in such event and as the same occurs, the School District or FCSA as the case may be, may, at its option, terminate this Agreement by delivering written notice to the Defaulting Party. As soon as possible after the receipt of the written notice of termination has been received by the Defaulting Party, the School District and FCSA shall meet to coordinate the return of all FCSA's responsibilities under this agreement to the School District. Termination shall not preclude any party from exercising every other remedy provided herein or at law, it being the intention of the parties that a parties' remedies shall be cumulative and shall survive termination of this Agreement.
- B. Both parties reserve the right to cancel this contract, in whole or in part, upon 60 days written notice to the other party.

16. Compliance with Laws

- A. The Contractor shall comply with all applicable Federal and State laws and local ordinances, including but not limited to, all regulations issued thereunder by the Federal and State governments, and all requirements as set forth in the Alaska State Special Education Handbook. The contractor agrees to indemnify and hold harmless the School District from and against any and all liability or direct consequential damage, including but not limited to, any fines, penalties, or other corrective measures the School District may suffer resulting from any violation by

the contractor of such Acts.

B. The Contractor agrees to perform its obligations under this contract in a nondiscriminatory manner. The Contractor shall not discriminate against anyone based on race, religion, color, national origin, gender or disability. When applicable, the Contractor shall also comply with the Americans with Disabilities Act of 1990.

17. Insurance

Before commencing work, Contractor shall procure and maintain insurance of the kinds and limits enumerated hereunder, and on terms and with an insurance carrier satisfactory to the FNSBSD. Certificates of such insurance shall set forth the following:

A. **LIMITS.** The contractor shall obtain insurance for not less than the following limits:

- i. Commercial general liability: \$1,000,000 limit
- ii. Comprehensive automotive liability: \$1,000,000 combined single limit
- iii. Workers compensation: \$100,000 each accident, \$500,000 disease-policy limit, and \$100,000 disease-each employee.

B. **AUTOMOBILES.** The following coverage's automatically qualify:

- i. All autos or
- ii. All owned, non-owned, and hired autos.

Automobile liability insurance for scheduled autos only may or may not be acceptable. If the contractor submits insurance covering only scheduled autos, then

1. The insurance coverage must also include all non-owned autos.
2. The contractor must provide a copy of the scheduled vehicles, and
3. The contractor must assure the School District in writing that any additional vehicles are covered by liability insurance at the required limits before the vehicles are used for work under this agreement.

C. **WORKER COMPENSATION.** The contractor understands that all employees must be covered by worker compensation insurance during the term of the

contract with the School District.

- D. **ALTERNATE COVERAGE.** A combination of primary and excess/umbrella policies may be used to fulfill the insurance requirements of the section.
- E. **ADDITIONAL INSURED.** The School District must be listed as an additional insured in the contractor's commercial general liability policy.
- F. **CERTIFICATE OF INSURANCE.** Before starting work, the contractor will provide a certificate of insurance in a form acceptable to the School District showing that the contractor has the required insurance coverage.
- G. **CANCELLATION.** The School District must receive notice if the contractor's insurance is going to be canceled, not renewed, or changed in some important way. The certificate of insurance must say that the insurer will notify the School District at least 30 days before the insurer cancels, refuses to renew, or materially changes the coverage.
- H. **INCREASED COVERAGE.** During the contract term, the School District might require higher limits of insurance than those listed in this section. If the School District requires such insurance, and the insurer raises its premium as a result of higher limits, then the School District will pay the contractor the difference between the old and the new premiums.
- I. **NAME.** Certificates of Insurance shall be issued to:
Fairbanks North Star Borough School District
520 Fifth Avenue
Fairbanks, AK 99701
- J. **PAYMENT.** The contractor agrees to pay for the insurance specified and agrees to provide the School District with a 30 days notice of cancellation if non-renewal occurs during the contract period.
- 18. **Indemnity** Contractor shall indemnify, defend, and hold harmless the FNSBSD, its agent, servants or employees, against any and all claims, demands, losses, reimbursements, costs, penalties and expenses arising out of the Contractor's performance of this agreement except for those caused solely by the FNSBSD's own negligence.
- 19. **Amendments** This agreement may not be added to, modified, or changed in any way except by mutual written agreement signed by both parties.

20. **No Waiver** The failure of the FNSBSD or FCSA to insist upon the performance of any of the terms and conditions of this agreement or the waiver of any breach of any of the terms and conditions of this agreement, shall not be construed as thereafter waiving any such terms and conditions.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be executed.

By

Michael Juh
Mike Fisher, Chief Financial Officer
Fairbanks North Star Borough School District

6/26/08
Date

By

Danny Frazier
Danny Frazier, Director of Special Education
Fairbanks North Star Borough School District

6/27/08
Date

By

Nancy Wagner
Nancy Wagner, Superintendent of Schools
Fairbanks North Star Borough School District

6-26-08
Date

By

John Regitano
John Regitano, Executive Director
Family Centered Services of Alaska Inc.

6/24/08
Date

CC: State of Alaska Division of Behavioral Health

EXHIBIT A
STATEMENT OF WORK
YOUTH EDUCATIONAL SUPPORT SERVICES
FOR ELEMENTARY SCHOOL AGE CHILDREN
FY2008-2009

I. Primary School Age Children Placement

A. Family Centered Services of Alaska Inc. (FCSA) agrees to provide on-going Youth Educational Support Services (YESS) for up to **21 preschool and elementary age students** classified as emotionally disturbed, when placed by the Fairbanks North Star Borough School District (FNSBSD) Individual Education Plan (IEP) team.

B Transition Meeting:

Prior to placement in the YESS program, or as soon thereafter as is practical, the School District will schedule a transition meeting with YESS staff and the student's parent/guardian (hereinafter collectively referred to as "parents") If a transition meeting cannot be held prior to placement, the School District and FCSA staff shall meet or call to exchange and discuss relevant and critical information including a signed permission from the parent for placement.

At the transition meeting the following will occur:

- YESS will accept the referred student for a 20 day assessment period to determine eligibility for the YESS Program (which will occur with the initial seven days of the assessment period) and to assess the child's ongoing educational and mental health needs..
- The parent shall consent in writing to the 20 day assessment at YESS on a form approved by FCSA.
- An assessment meeting will be scheduled with the parent. The assessment meeting must occur within five calendar days of the student's first day of attendance at YESS. The School District shall provide documentation justifying the placement in YESS within five calendar days of placement.
- FNSBSD will provide YESS with the completed "green file" including an active IEP.
- The "sending teacher" will provide school work during the 20 day assessment period.
- The FNSBSD Coordinator of ED Services shall arrange transportation to and from the YESS facility during the transition period.
- An IEP meeting to review the student's eligibility for the YESS Program will be scheduled to be held within 20 days of this transition meeting.

C. Assessment period:

- Within seven days of start of services at YESS, a mental health clinician provided by FCSA will complete a clinical intake assessment and develop a temporary individualized service plan with mental health goals based on the clinician's assessment. This temporary individualized service plan must be signed by the parent, student, FCSA clinician, and special education teacher.
- The student and parent must be interviewed during the clinical intake assessment.
- The IEP team will meet within the 20 day assessment period to discuss the student's eligibility for Day Treatment services. The YESS special education teacher will contact the school district coordinator for emotionally disturbed student (ED) services. The School District coordinator will contact all appropriate IEP team members, including the parents, to coordinate the meeting.
- The YESS special education teacher will be responsible for initiating an addendum identifying changes to the IEP, including admission to the YESS Program, if appropriate.
- The IEP team will be convened and the addendum will be developed, and signed along with a mental health individualized service plan. The YESS special education teacher will be responsible for delivering the completed IEP to the School District's Department of Special Education within 5 days of the IEP meeting.
- Non Eligible students: If the student is not eligible for services within the YESS Program and the IEP team believes that it is in the best interest of the child to continue attendance at YESS, then FCSA's Director of YESS services will contact the State Division of Behavior Health (DBH) for approval for child to remain at YESS. If that permission is not received, then the student will transfer to the School District. The student will remain at YESS during the interim.

II. Transitions from the YESS Program

A. Transition from YESS

- The YESS program coordinator will notify the School District's Director of Special Education in writing when a student is being considered for transition from the YESS Program.
- The School District's Director of Special Education will be responsible for scheduling the IEP meeting within 2 weeks of receipt of the written notification to discuss the potential transition. The Director of Special Education will be responsible for contacting all IEP team members.
- As with all decisions regarding students receiving special education services, the IEP Team will make the final decision regarding the least restrictive placement. If in

the determination of FCSA a student is no longer eligible for the YESS Program services, continued placement within the YESS Program must be approved by DMHDD.

B. Length of Placement:

- YESS treatment plans are required to project a potential discharge date for all children in services. The students' progress will be assessed by the YESS Program treatment team on a quarterly basis to determine readiness for transition. An annual review by the IEP Team of each student's IEP will be held during the final three months of each school year. At the annual review meeting, the FNSBSD Director of Special Education or Coordinator of ED Services and the FCSA Director of YESS shall meet and confer concerning students who have been in YESS for one year and do not have a clear plan of transitioning to a less restrictive placement.

III. Emergency Placement In the YESS Program

- A. A student may be placed in the YESS Program on an emergency basis. Both parties agree that emergency placements are unusual circumstances whose occurrence is significantly less than that of students entering YESS through the regular protocol. Examples of emergency placement are children returning from out of state placement with little or no notice to the School District, children returning to the community from a secure facility and children being placed in the community by child protection agencies due to behavioral problems. Coordination for emergency Placement will be made by the School District's Director of Special Education to the FCSA Director of YESS. FCSA shall accept the student for a 20 day assessment to determine eligibility for services. The School District and FCSA staff shall meet or call to exchange and discuss relevant and critical information including a signed permission from the parent, guardian or social worker for placement.
- B. The School District's Director of Special Education or Coordinator of ED Services will provide whatever paperwork is available at the time of placement and thereafter furnish FCSA subsequently acquired paperwork upon receipt. A student may not attend YESS until the parent /legal guardian has provided written approval for their child to receive an assessment and participate in Day Treatment and has scheduled an assessment meeting to be held within five days of the student's first day of attendance. The parent/guardian must be available for face to face meeting for the assessment, If the parent/guardian does not reside in Fairbanks, a teleconference will suffice.

- C. The School District's Coordinator of ED Services will arrange transportation for the student.
- D. Clinical Intake Assessment: The assessment will be completed by the YESS clinician within seven days of the start of services. The student and or parent/guardian must be interviewed during this assessment. Others such as the students' former teacher, may be interviewed as well.

The development of mental health goals, after the assessment is completed, will follow the same process as listed in 1-C above. A follow up meeting to discuss placement will follow the same process as listed in 1-C and 1-D above.

IV. Reports, Paper work and Evaluation

- A. The YESS special education teacher will provide the FNSBSD department of Special Education with a monthly attendance report and a quarterly progress report based on each student's IEP goals. The quarterly progress report will include the dates of participation in mental health services at YESS.
- B. FNSBSD, and FCSA, have developed a program evaluation tool to assess students progress and student/parent satisfaction with services. This evaluation tool will be periodically re-evaluated.
- C. The School District's Director of Special Education or designee will monitor enrollment paperwork for students placed in the YESS Program.
- D. With the exception of Medicaid required paperwork including clinical intake assessments, progress notes used for billing purposes, psychological and psychiatric evaluations and any other paperwork required by DBH and the state Medicaid program, reports, records and paperwork concerning students placed in the YESS program by the School District, whether prepared by the School District or FCSA, are the property of the School District and shall be turned over to the School District when the student transitions from YESS or at the end of the contract period whichever is sooner. The School District Director of Special Education or designee shall have the right to inspect at any time during working hours, the educational reports, records or paperwork concerning a student placed in the YESS program by the School District. The School District will provide FCSA with reasonable notice whenever possible prior to a request to review files.

V. State and District Mandated Testing

Students enrolled in the Primary School Age Children YESS program will comply with State and School District mandated testing which includes Benchmark Tests for

grades 3, 6, and the California Achievement Test for grades 2, 4, 5. The YESS Special Education teacher will coordinate with the FNSBSD Director of Special Education to schedule these tests. In the event that the name or type of test change, YESS's obligation to comply with this section will not be affected.

Student's IEP's will be written to reflect appropriate testing accommodations.

VI. Special Education Teacher Qualifications

The YESS program will employ at least one special education teacher who holds Alaska certification to teach students with emotional disturbance. The special education teacher will participate in school district professional development activities which relate to special education rules and regulations, IEP development etc. The School District agrees to provide advance reasonable notice to FCSA's special education teacher of the school district professional development activities. The YESS program will have on staff at least one full-time masters level therapist to address therapeutic needs of the students.

VII. Meetings

FNSBSD and FCSA staff will meet as often as needed to ensure a smooth delivery of services to children and families. The FCSA Director of YESS and the School District Director of Special Education or Assistant Superintendent will meet no less than quarterly. The meetings will be scheduled by the School District. The School District will provide written notification of scheduled meetings to FCSA's Director of YESS services. All cancellations of this meeting by either party will be provided in writing. Student IEP meetings shall not be considered to fulfill this obligation.

SECTION 4.07c SUBMISSION REQUIREMENTS/CRITERIA for PROPOSAL REVIEW (SCORESHEET) The following pages contain the criteria by which proposals will be evaluated, and the maximum possible points for each. Applicants are cautioned to carefully review this section to determine what information will be considered in the evaluation.

IMPORTANT INSTRUCTION TO APPLICANTS:

1. Applicants are directed to enter the name of their agency and check the type of entity eligibility under which application is being made in the boxes below.
2. Applicants must also complete column C by entering the page number of their proposal where the relevant information for that criterion can be found; and follow the formatting directions as instructed in Section B(6). Applicants - please do not write in shaded areas, shaded areas are to be completed by reviewers.
3. Applicants must also submit the completed Section C of the RFP with each copy of their proposal. Failure to follow these directions, will affect the ability of staff and the PEC to evaluate a proposal, and may result in a proposal being found non responsive and/or in scoring less than the minimum points necessary to be found eligible for award.

Enter Applicant Agency Name:

Check Applicant Eligibility Type: Nonprofit, or Subsidiary Alaska Native Entity (Tribe) Government

1. Minimum Responsiveness Criteria	Columns		
	A	B	C
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]			
Minimum Responsiveness Requirements – Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).	Requirement Met?		Page Number
a. Applicant is eligible per 7 AAC 78.030. If an Alaska Native Tribe, a legally binding resolution waiving immunity to suit on Appendix G, specific to this grant, is included with application.	Yes/No		A2-A5
b. Proposal was received on or before the deadline specified in Section B (4), at the address stated in Section B (5).	Yes/No		A1

[SHADED AREAS TO BE COMPLETED BY REVIEWER]

Total Score	<input type="checkbox"/> Staff Reviewer	<input type="checkbox"/> PEC Member
Reviewer's Name	Date	

[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]

Columns A B C

[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]

Columns	A	B	C
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]			
4. Project Description 7 AAC 78.100(1)) Criteria related to program outcomes, strategies and budgets	Points Possible (85)	Points Awarded	Page Number
a. The Logic Model submitted with the application should follow the guidelines as described in the Logic Model Resource Guide Attachment 3. The Logic Model is practical, realistic and data focused; performance indicators measure progress on outcomes; is a logical and coherent picture of the organization's plan.	20		176
b. Proposed Program Types (page 2 of the RFP), target populations, and service areas are clearly defined (pages 3-4 of RFP).	10		1
c. Program description(s) for each proposed service type are clearly defined and reflect evidence-based practices.	15		2-3
d. Proposal describes a plan for addressing the three Program Evaluation Requirements (Logic Model, AKAIMS, and Behavioral Health Consumer Survey). The plan should include staff involved or responsible for the process, quality control mechanisms, review and use of the data for program enhancement (page 5 of the RFP).	15		3-10
e. Each Program Type being applied for has a budget and budget narrative and each budget component's costs are reasonable and allowable. All budget requirements are met as described on page 5-6 of the RFP.	20		19
f. A Budget Summary is provided (summary includes all the component budgets into one document). Mandatory match requirement is met & fully supported by tangible evidence.	5		46
[ADDITIONAL REVIEWER COMMENT]			

Columns	A	B	C
[SHADED AREAS TO BE COMPLETED BY REVIEWERS - APPLICANTS COMPLETE COLUMN C]			
5. Applicant Qualifications- Criteria Relating to Personnel, Management and Facilities 7 AAC 78.100(2)	Points Possible (85)	Points Awarded	Page Number
a. Proposals should address the appropriate Required Experience requirements described on page 7 of the RFP for each Program Type and the applicant's previous experience in providing the same or similar services or projects meet the requirements of the RFP.	20		12-13
b. Proposal addresses that all treatment and rehabilitation staff are qualified through education, training and experience to provide the proposed services and staff must be licensed when required by statute or regulation (page 7 of the RFP).	5		13
c. Proposal addresses how the agency will comply with the background check requirements as established in AS 47.05.300-390 (page 7 of the RFP).	5		14
d. Position descriptions and resumes of key staff positions support the intent of the RFP and the applicant's proposed project; the current organization chart indicating lines of authority and responsibility is included in the application (page 7 of the RFP).	10		48
e. Facilities proposed for services are safe and appropriate to the purpose of the program and provide adequate physical access for the proposed target population (page 7 of the RFP).	5		15
f. The applicant must demonstrate that the administrative infrastructure to support this project exists within the agency, or through outside collaborations that support efficiencies (page 7 of the RFP). Staff providing services are qualified and competent as demonstrated by necessary professional credential(s) and resume(s); proposed staffing levels are adequate to deliver each proposed service type(s); executive/administrative staff is qualified as indicated by professional and educational experience by attached resume(s).	15		15-16
g. Documentation addressing capacity to effectively bill Medicaid or other third parties, and the agency's plan for financial sustainability are adequate and reasonable. (Page 7 of the RFP).	15		16
h. In addition to providing a list of the current Board of Directors or governing body, include minutes from the last two meetings of the group with attachments. (page 7 of the RFP).	5		189
i. Proposal adequately addresses necessary procedures to protect client confidentiality and meet State and Federal standards/regulations (page 7 of the RFP).	5		103
[ADDITIONAL REVIEWER COMMENT]			